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THE  
HOMŒOPATHIC WORLD:

A MONTHLY JOURNAL OF  
*MEDICAL, SOCIAL, AND SANITARY  
SCIENCE.*

EDITED BY J. C. BURNETT, M.D.

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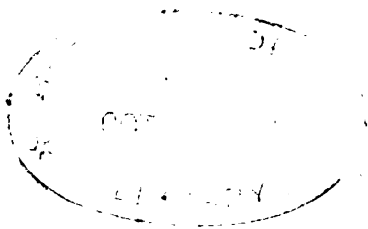
VOL. XVIII.

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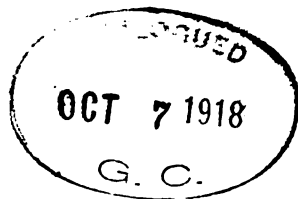
LONDON :  
THE HOMŒOPATHIC PUBLISHING COMPANY,  
2, FINSBURY CIRCUS, E.C.

1883.





LONDON:  
R. K. BURT AND CO., PRINTERS,  
WINE OFFICE COURT.



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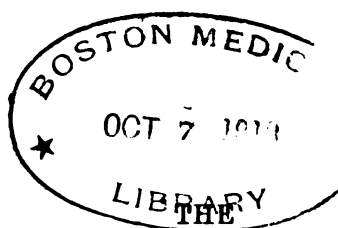
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# HOMŒOPATHIC WORLD.

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JANUARY 1, 1883.

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## OUR THINNED RANKS.

It will be seen from our obituary notices that two notable practitioners of Homœopathy have passed the bourne whence no man returneth. Dr. Wielobycki was a certain power in his own sphere in the Athens of the North, and it is not clear whether there is any one to take his place.

Dr. Bayes took a unique position amongst us, and did most important service, notably in connection with the London School of Homœopathy, and when we look around we do not see many that will be able, or willing, to fill the gap in our ranks made by the demise of our eminent colleague. We cannot ignore the fact that Homœopathy loses more practitioners by death than she acquires by new converts, and that both in quantity and quality. Withal the number of lay homœopaths increases day by day, and the demand for homœopathic practitioners reaches us from all parts. Large, lucrative, ready-made practices are not there, but hundreds of places offer the material out of which capable, regularly-educated, and duly-qualified homœopathic practitioners might build up practices in size and worth proportionate to their own powers and capabilities. Men of good *thew* and sinew, bone and brain, are wanted, and wanted in numbers. The orthodox schools cannot supply them, since they only give a one-sided therapeutic teaching to their *alumni*. Unfortunately the graduates of our American colleges have no legal status in this country, and the existing homœopathic practitioners of this country have hitherto been unable to unite to supply sound all-round homœopathic instruction ending in a legal qualification.

We have long maintained that nothing short of a complete homœopathic licensing body can adequately supply the want, and the want is that of humanity and not of mere crotchety pathy-mongers. Sick people abound throughout

the land, and they are deprived of the most efficient means of cure—i.e., Homœopathy.

## ARE PALLIATIVES NEEDFUL TO DEADEN PAIN IN HOMŒOPATHIC PRACTICE ?

By Dr. BAYES.

WITH much that has been said in your pages on this point every reasonable man will agree, and indeed with much of what has been alleged by each of the controversial duellists.

If asked by an earnest cure-worker whether chloroform is not to be used for alleviation of the pain of a surgical operation, few would dare to refuse the patient the mitigation of suffering which follows the use of an anæsthetic. Probably Dr. Berridge would not forbid this comfort to the poor nervous patient sitting in the dentist's chair, waiting for the inevitable wrench which is to twist out the tooth. Few high-dilutionists would refuse an anæsthetic to a poor woman in labour, etc.

I was in practice before the use of anæsthetics. The first case in which I saw ether used was a fearful case of operation for cancer. Bransby Cooper operated, and Golding Bird was present. The former surgeon was twenty minutes in operating, having to dissect away not only the breast, but many glands. The patient was kept perfectly insensible for twenty-five minutes. Dr. Snow administered the ether, and I assisted at the operation. The poor lady suffered no pain; she remained insensible for many hours, and lived only thirty-six hours. But would she have lived a single hour without the ether? Probably the pain would have killed her. This was an extreme case, and I then knew nothing of Homœopathy, but had I known all I do now of the power of medicines given homœopathically, I should not have hesitated in such a case to administer an anæsthetic. I should not have trusted to 30ths or 200ths, or even the CM's, nor do I believe would Dr. Berridge.

Still these means, whether morphia or other narcotics, are not the best alleviators of pain in *all cases*. Dr. Pope, I think, instances *gall-stones* as one of the cases in which Homœopathy is not to be trusted. Here Dr. Berridge, I think, objects very properly. I can bear my testimony to the remarkable power of *Calcarea Carb.* 30 in relieving the pain caused by

the passage of gall-stones. Dr. Hughes alludes also to this effect of the same dilution of the remedy. I will append a few illustrative cases.

Again, very violent spasmodic stricture of the rectum I have seen yield completely to *Coffea Cruda* in the 12th dilution. I knew the case of a well-known baronet who, when dying of *cancer of the tongue*, got *no relief* from opiates, nor from injections of morphia, etc., yet who sank to his inevitable rest with comfort and freedom from pain, his last weeks soothed by *Spigelia*, his friend and physician being prompted to this homœopathic remedy by a homœopathic doctor who did not even see the patient. Latterly a lady consulted me who had for many months suffered violent right-sided pain from liver to right ovary, under some of the most celebrated doctors of the anti-homœopathic school, so excruciating as to refuse to yield to opiates and subcutaneous injections of morphia, etc.; she was wholly cured, and is now on a journey of more than 1,000 miles, after taking *Cimicifuga Racemosa* 3x (two-drop doses twice a day), and of the same medicine 30th dilution every night for a week.

Very curious, sometimes, are the vagaries of idiosyncrasy. A patient of the late lamented Carroll Dunham, whom he sent to me, while under my care for another ailment, was suddenly seized with a violent attack of *neuralgia*. She told me that Carroll Dunham always stopped the pain with *Cimicifuga Racemosa*, but that though she had taken it, it now appeared to have lost its effect. This failure she attributed to the difference between the English and American climate. I, on the other hand, thought possible that a different dilution had been given. I therefore wrote to Carroll Dunham, whose answer was that he had hitherto given her the 200th dilution with invariably good effect, but that, thinking our English climate might demand a more material dose, he had given her the 30th. On hearing this I gave the lady the 200th again, and with the same perfect relief. The case is the more remarkable that the patient was not aware that the dilution had been changed.

[We received the foregoing contribution from our lamented colleague Dr. Bayes a few days before his death, and it is, we believe, his last literary effort; as such it has a most melancholy interest. Let us note that this is in favour of the efficacy of the higher dilutions. It was intended as the beginning of a *series* of papers.—ED. H. W.]



## A VENOMOUS FISH.

FROM a letter written by a correspondent in the *Seychelle Archipelago*, it would seem that though "every prospect pleases," man is not the only vile creature which the islands and their waters boast.

There is a small but highly-poisonous fish, we are told, called the "laf," the spines upon whose back are filled, like the fangs of the cobra, with a dangerous poison, which sometimes produces death, and always intense pain.

You may draw it unobserved into the boat, when you are fishing, and find out its peculiarities.

Sharks, too, are more than abundant, and they seem to hang about the frail boats of the place with such a terrible earnestness as to appal sailors, and cause them to refrain from tempting the deep; the creatures eat the oars as they are thrust into the water, munch the sides of the canoes, and altogether misconduct themselves so gravely that harpoons have to be used in order to repel them.

Happily, in this respect to the "laf," nature has provided an antidote, for no sooner has he stung than his body offers a cure to any one who has the presence of mind to seize it, cut it open, and apply it to the wound.

Against the teeth of the shark no such protection is offered, yet those who wish to avoid his mouth can do so by keeping ashore.

They miss the enjoyment of the loveliest waters in the world, but they also escape a fate compared to which that of Jonah was child's play.

## HOMŒOPATHY OVER THE POND.

A FRIEND writes us from San Francisco, under the date November 20th, 1882, as follows:—"I leave here to-day for ———, and am just sending a line, as I have hurried through America so fast that I could see nothing of Homœopathy except at Chicago, where things are in a most flourishing condition. You remember that ——— studied there some years ago, when there was but one college and under 100 homœopathic students; to-day there are 300 homœopathic students at the old (Hahnemann) institution, and there is a second college to boot, but the latter is an evidence of weakness, as it sprang from an unpleasant

division. However, there are signs of union to be seen. The Hahnemann people have lately put up a new hospital (more lately still a new wing at a cost of 12,000dols., which was paid down). Dr. Ludlam, the energetic Dean of the Faculty, who very kindly took me in hand, has brought his department (obstetrics and gynæcology) into a very flourishing condition, and the students there are greatly indebted to him for the sacrifice he makes of time, etc., to their interests. After London, it was quite refreshing to see a theatre crowded to excess with students, under the homœopathic flag, and the novelty was increased by the presence of about fifty lady students. After England, also, I was astonished to find that no one could legally practise in the State of Illinois without Dr. Ludlam's signature to his charter. I am sorry my time has been too short to allow of my looking in at Homœopathy elsewhere. I have come through America at just the right season of the year, autumnal tints had transformed it into an immense 'National Gallery,' and the transformation was a grand success; and then came the Rocky Mountains, clad in snow, and now here in California the climate is delightful."

Thus far our friend. Fancy *three hundred homœopathic students* at one college and at one time! Bravo Hahnemann College, and bravo thy doughty Dean! Too many of our homœopathic colleagues in this country are down on their marrow bones at the shrine of "the profession"—i.e., trades-unionistic thickheadedness and prejudice. They have their just reward—the spittle of contempt.

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## A POISON FOR TUBERCULAR BACTERIA.

A PAPER was recently communicated to the Paris Académie des Sciences, by M. de Korab, on the action of *Helenine* on the bacteria of tuberculosis. The facts mentioned deserve notice, although we fear that the hopes suggested are too bright to be realised. The bacilli were cultivated in bovine blood serum, which was daily heated for a week to effectually sterilise it, and was then coagulated by a temperature of 65° C. A guinea-pig having been rendered tubercular by inoculation and inhalation, small tubercular masses were taken from it, introduced into ten tubes containing the tubercular serum, and the tubes plugged after some *Helenine* had been poured into three of the tubes. All were kept at a

temperature of 37° C. for a week, and at the end of that time inoculation experiments showed that the organism in the tubes to which the *Helenine* had been added no longer caused tuberculosis, which was readily produced by the contents of the other tubes.—*Public Opinion*, Nov. 18, 1882.

## THE WEATHER AT LLANDUDNO.

*To the Editor of the Manchester Examiner and Times.*

SIR,—The reports of the weather furnished in the daily papers seem to refer to another world than that in which I have been living for the last few days. Heavy snowstorms, dense fogs, severe frosts, are the burden of the tale. In Llandudno there has been no snow, no rain, no fog, but brilliant sunshine and clear skies on some of the days which have been so gloomy in Manchester. It seems to me desirable that Manchester people should know how unnecessary it is to go far south for clear weather and bright skies, and that they can escape the worst of winter inconveniences by a pleasant railway ride of three hours.

Yours, etc.,

WM. HUGHES.

Hydropathic Establishment,  
Llandudno, Dec. 14, 1882.

[We are glad to learn that the sun has not left off shining: it is a good while since he showed his face here in London.]

## A CLINICAL CASE WITH A PECULIAR CRISIS.

By GUSTAVUS PROELL, M.D., Nice.

LAST winter a poor woman (servant) brought to my consultation-room her child, a girl three years old, in a state of agony. It was the 11th February, 1882.

*Status præsens.*—Dark hair; face pale, with a little cyanosis; dark eyes, with an expression of anxiety. The most striking *physical* symptom was the great noise in breathing, which could be heard at a distance. Percussion gave negative results. Auscultation showed throughout the whole extent of the chest large moist rattling (*Grossblasiges Rasseln*). Expiration accompanied by whistling and a blowing sound, and which was more violent than the inspira-

tion. Rapid contraction of the wings of the nose. Diaphragm retracted. Depression of the pit (whole) of the neck. Breathing quick and gasping. Abdomen vaulted. No appetite; tongue yellow; great thirst. Limbs pale, extremely emaciated. The back of the hands and feet swollen like a cushion (œdema). Urine spurted out at every violent cough; no evacuation, and pulse accelerated. The most striking *moral* symptom was the great apathy or torpidity of the child; no desire (except for water), no complaint, no cry, but was perfectly peaceful.

The weather was dry and cold in the morning, cool in the evening, the middle of the day warm.

I was informed that the baby caught cold the previous week. The mother was obliged to take the child with her to her work at a house far distant, where she put the child in a corner, filling her mouth with bread or pastry, at home with soaked bread or rice, or with potatoes.

I had very little hope of saving this child, on account of the unfavourable circumstances; the only star of hope in this prognostical darkness was the great torpidity of the child.

*Therapeutics.*—I gave *Ipecacuanha* 3 dil., three drops dissolved in 200 grammes of distilled water; a teaspoonful to be taken every hour. In the interval I ordered the child to take every half-hour a teaspoonful of fresh water, and every three hours, instead of the remedy, four teaspoonfuls of strong bouillon; nothing else.

February 12th.—The next day the mother returned, radiant with joy, having the baby, who was very much better. Already in distance I could observe that the rattling was much diminished, the face less puffed up, expressing less anxiety. The mother related that in the first part of the night it was very troubled with cough, but slept the second part. All symptoms lessened, except the œdema, which was much increased. The urine could not be kept; no stool.

*Therapeut.*—The same diet and the same remedy (*Ipe.*), only the 6th pot., every two hours. Water to be given only every hour alternately with bouillon.

But because the mother told me she could not leave the girl at home, having nobody to watch her, and she could not get the proper diet for the baby, I took the child into the children's hospital, the only homœopathic one in France, which was founded by benevolent ladies, principally English, and of which three years since I became director and

physician. But the funds were not at all sufficient, and this winter, I fear, we cannot continue this salutary work for want of funds.

In the hospital the very dirty child was cleaned, and got an injection of lukewarm water, which was followed by a moderate and hard evacuation. The urine was kept, which on examining I found contained a great quantity of albumen in it, and by microscope the fibrinous cylinders (hyaline and epithelial); and the œdema in both feet much greater.

The next day (Feb. 13) I found the chest symptoms, principally the rattling, in a surprising manner lessened, but the fever-thirst increased, and the œdema. Then I ordered, instead of the *Ipecacuanha*, *Arsenic*, the 12c dil., 6 drops in 100 grammes distilled water; every two hours a teaspoonful to be given. The same diet.

Evening.—Temperature 40°; cough and thirst increased; pulse very quick and weak. *Arsenic* to be continued.

February 14th.—Bad night. Deglutition more difficult. I observed a small swelling the size of an olive in the anterior part of the thyroid gland like a beginning goître (struma), painful to touch and of a reddish colour. The baby wishes to eat, but must soon cease. Urine and œdema the same, but the bronchial catarrh diminished. No remedy.

Evening.—The swelling increases visibly. When she is taking soup it returns soon by the nose. Poor child! it is a pity to see her stretching her little arms, longing for bread, and which she is obliged to reject again. Thirst very great; pulse weak.

Remark.—I should have been alarmed and have despaired if my experience as spa physician at Gastein had not shown me the eminently critical nature of this swelling (abscess), because I found that when an aggravation of a symptom is accompanied by the amelioration of another symptom in a more important system, the aggravation is a salutary crisis. In our case the amelioration of the bronchial catarrh is far more important than the increase of the boil (abscess), therefore my hope was not lost, and I continued the *Arsenic* 30. And for feeding the baby, I ordered an injection of a liquid (composed of milk and bouillon with the yolk of an egg), lukewarm and in small quantity, that it might be retained, which it really retained well. The abscess began to show a little fluctuation.

Morning, 15th February.—Very bad night. The abscess got the size of a great almond. No remedy. Only the



injection to be repeated, because the swallowing became nearly impossible. The child has still patience; no stool; œdema more diminished; pulse weak and very quick.

During the day the abscess increased rapidly, became violet (*teleangiectasie*), and increased in the evening to the size of a small apple. Fluctuation very great; deglutition absolutely impossible.

I went home to fetch *Calc.-Mur.* 1, watery dilution, for applying it externally, to open the abscess in a less disagreeable and less dangerous manner.

After my return I found the cough more troublesome than usually, and just at the moment I was to apply the remedy, and before I could do so, a violent fit of cough burst the abscess, and a thin stream of purulent matter appeared, the slight opening being made a little larger. The matter then flowed so abundantly that in five minutes the whole had entirely discharged itself, and the swelling disappeared. For preventing the occlusion I used lint and cotton wool for binding it up. A bouillon was given to the child, which was perfectly swallowed. The following night was excellent, and she slept without awaking.

Morning, 16th February.—The whole cotton was impregnated with the purulent matter. Deglutition very easy. In the urine very little trace of albumen, which, like the œdema, disappeared after a week, and the place where the abscess was could scarcely be found. Stool came on every day, and the girl, who for three weeks could not stand, began to exercise her limbs; after a fortnight she went up and down the staircases to the garden. She left the hospital at the end of March in perfect health.

Now in the month of November she came with her mother to my consultation-room, and I scarcely recognised her, so strong and handsome has she become.

## TRICHINÆ IN FAT.

HERETOFORE pork-loving people have felt at ease with regard to *trichinæ* when they were only eating *fat*. But even this bit of comfort is now being taken from us.

It has been generally assumed that *trichinæ* occur only in the muscular substance, and are not found in the fatty tissue. Chatin's latest investigations have, however, shown that *trichinæ* occur uniformly in the latter, where the parasites

are free or only loosely connected with the neighbouring tissue elements. Their nature may readily be mistaken, but is shown by the simultaneous occurrence of encapsuled trichinæ in the muscular tissue. Experiments proved that animals fed with trichinous fat exhibited no indications of trichinosis, while others fed with the flesh from the same infected animal quickly suffered and died with symptoms of intestinal trichinosis; although further observations on the comparative innocuity of the fat must be made before the fact can be regarded as of hygienic importance. The practical value of the discovery at present seems to be that the fat, as well as the flesh, of suspected animals should be examined or eschewed.

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## VETERINARY MEDICINE IN ITS RELATION TO THE SCIENCE OF HOMŒOPATHY.

By J. SUTCLIFFE HURNDALL, Esq., M.R.C.V.S., Liverpool.

THERE are a very large number of persons in England who pride themselves upon their knowledge of how to treat animals in disease—or, rather, upon what they imagine to be their knowledge of this art. Their modes of procedure, however, prove to the educated professional mind that their self-belauded knowledge is nothing but an empty boast. Such men are found among horse-dealers, omnibus and cab proprietors, coachmen, grooms, farmers, and private gentlemen who have dabbled in stock-keeping for amusement, or have kept considerable studs of horses for sporting purposes.

Not only do these individuals succeed in deluding themselves with the vain idea that because they have a great deal to do with the management of animals, and obtain good incomes or abundant amusement therefrom, they therefore must of necessity understand the art of medicine so as to prescribe for their animals; but somehow or another many of the general public are imbued with a similar opinion. You often hear it said, "Oh, he has so much to do with horses every day of his life, he must have some notion of what to do when the animal is ill!" What idea or what statement can be more nonsensical! Does it follow that because your cook presides over the preparation of daily meals, that therefore, when ill, she should know how to treat one? Does her knowledge of cookery enable her to distinguish what is your ailment, or make her acquainted with the action

of drugs, and how to select them in case of disease? The thing is too ridiculous to be thought of for one moment; and if reason and common sense were only brought to bear upon the consideration of like circumstances in connection with animals, it would clearly be understood and appreciated that none but a qualified practitioner is able to treat animals properly in sickness.

And when we speak of *qualified practitioners* in veterinary medicine, let it be distinctly understood we do not mean every man who keeps a shoeing forge, and puts up outside his premises a great big board intimating that he calls himself a veterinary surgeon, or hangs over his so-called surgery door a rough-hewn model of a horse's head as a symbol wherewith to catch the simple and unwary ones as they go by the way. Nor do we mean the much-vaunted *practical man*, whose practicalness—if we may coin a word—consists in his ability to perform the operation of castration in the quickest possible period of time, *including casting and letting up*, or in his adroitness and ability in making either straight, curved, or angular lines on a horse's leg with a searing iron; the individual who never fails to let it be understood that he is "*the man who can do it*"; has not he had the practical experience over and over again, while So-and-so, over the way, never saw such a case in his life, and only knows what he has read in books about it!" We do not undervalue practical experience, far from it; but the practice must be attempted and carried out under the control and direction of science, and hence, in company with its handmaid, *theory*, each is dependent upon and neither can do without the other. No! we earnestly warn all against the *practical man* who is that and nothing else. What we wish to convey by the term *qualified practitioner* is found illustrated in that man who, by general education, natural tact, taste, and ability, is fitted to pass through the curriculum of the Royal Veterinary College, and has done so successfully. As in the legal profession, and the sister profession of medicine, there are any number of men who manage by cramming or a stroke of good luck to scramble through their final examination, so is it in veterinary medicine, there are only too many in the profession who are no credit to it; but these are not the *qualified practitioners* to whom we refer. Qualified they are certainly in one sense, inasmuch as they hold the diploma of the Royal College of Veterinary Surgeons, and there their qualification ends; they are wanting in many

essential requirements, not least among which is, the want of ability to appreciate that they must ever be *students*, men eager and desirous to learn. Henceforward the diploma of the Royal College of Veterinary Surgeons will have much more importance attaching to it than heretofore, and reliance will be placed in the future upon the mystic letters M.R.C.V.S., for through the untiring exertions of Mr. George Fleming, the present President of the Royal College of Veterinary Surgeons, who for three successive years has been elected to that honourable position in recognition of his unselfish devotion to his profession's interests—through the efforts of this gentleman, we repeat, the Legislature passed an Act in the year 1881 recognising the members of the Royal College as a *Profession*, and making it penal for any one after a date named therein to call himself a veterinary surgeon unless he has passed the necessary examinations before the examining board duly appointed by the Council of the Royal College of Veterinary Surgeons, which is the only body in Great Britain that is legally empowered to grant a diploma in veterinary medicine and surgery; therefore no one need be in the dark where to find a *qualified practitioner*, especially if he will supplement his inquiries concerning the man's legal qualification with questions such as these:—"Does he ever deal in horses?" "Does he keep a shoeing forge, and is his connection in this department a very large one?" Many other questions could be suggested, but these two are quite sufficient in our opinion, if answered in the affirmative, to make any one hesitate before calling in such an one for his advice; he is not likely to be a man of much intellectual ability; study is not in his line; he does not care to make himself much acquainted with the current literature; clinical investigations he has not patience with, and as to the study of pathology and pathogenesis, he has neither time nor inclination for them. His chief purpose in life is to make money; this being the case, is he the man to whose care you would entrust the case of a one-hundred-and-fifty-guinea horse, suffering from you do not know what, but something that looks like either taking him off very shortly, or else, perhaps, rendering him useless in the future? or maybe he has some chronic ailment, which does not appear to interfere with his work much, but it is unsightly or inconvenient, and you wish to get rid of it. Who is the man to call in? We reply, our *qualified practitioner*, the

man who will bring intelligence to bear upon his case, who will ask for a full explanation of all the series of symptoms exhibited by the animal, the previous history of the case, and objectively study for himself the pulse, the temperature, the condition of visible mucous membranes, fæces, and urine; the state of the thorax and abdomen by means of auscultation and percussion; and, having secured all the information he can through a series of objective phenomena, he addresses himself to the task of obtaining subjective indications, not, as in the case of the human physician, by word of mouth, but in ways that an accomplished veterinarian knows how to proceed upon, and finally putting his knowledge of the case together, he is in a position, *when guided by the science of Homœopathy*, to prescribe a suitable course of treatment. Is it, then, reasonable to expect that one, not only untrained in the art of medicine, but who has never been guilty of mastering the three R's, should be capable of treating God's creatures when the normal condition of health is interfered with in them? We say emphatically "No!" It is a well-known fact that physicians have often the greatest difficulty in learning subjectively that which they need to know to complete the totality of symptoms in a case, because they are not able to depend upon the patient's answers being rational and true; and if this be so in human medicine, where, notwithstanding the difficulty just referred to, the physician can orally learn not only much, but by adopting a little of the wisdom of the serpent, generally all that he wants to know, how much more difficult is it for a veterinary practitioner, in whose case no oral information can be obtained, and hence how very important that he should be thoroughly trained to his work, and unwearingly devoted to its highest interests. In what, then, does the treatment consist which knowing horsemen, farmers, cow-keepers, and the like adopt? These self-constituted censors of the veterinary art, what after all do they know? Their great idea of medicine is purgation. *Barbadoes Aloes*, *Oleum Crotonis*, *Sulphate of Magnesia*, *alias Epsom Salts*, and *Oleum Ricini*, according to the animal they have to do with, represent the agents upon which they rely, quite regardless of the animal's condition. They believe in the doctrine of a regular "clear out" under any and all circumstances, and practise it accordingly, not unfrequently at their own cost, though they recognise not the loss in that light.

These are the sort of men to whom well-educated gentlemen commit the care of costly and valuable animals. Is it, then, to be wondered at that serious often are their losses and deep their regrets? This latter fact accounts in great measure for the slow advance Homœopathy has made in veterinary practice. It is nothing uncommon to hear one who perhaps for years has had a homœopathic practitioner attending his family say, "I am a strong believer in Homœopathy for myself and family, but I have never had it for my horses or my cows; it seems to me the medicines are too small to do them any good!" To such we would say, Did you ever in your life think of the matter at all? and when using the word "think," we mean give earnest consideration to the subject. We think not, or that conclusion would not have been arrived at! What are the facts about Homœopathy in its application to the diseases of lower animals? Experience goes to prove that they, one and all—whether they have large stomachs or small—whether their organs are complex or simple—are not only as readily influenced by homœopathic remedies as the human being, but they are in reality far more susceptible to the action of properly selected drugs. This is, in all probability, accounted for by reason of their greater simplicity of diet, as well that their stomachs are not put to such severe tests as are those of men and women. We shall hope hereafter to have the opportunity of furnishing proofs of the rapidity of action of homœopathically-selected and prepared remedies in occasional clinical reports. It would really appear, then, that apart from the disadvantage that the veterinary homœopathist experiences of being unable to learn all the subjective symptoms of his patients, he has less difficulty in the long run to contend against than one of the sister profession. The disadvantage referred to is, however, a serious one. We have in our mind's eye a case which furnishes a good illustration—that of a mare with a chronic hard, dry, short cough; takes place chiefly in the morning, the paroxysm continuing for a short time; no discharge from the nasal membrane, which, however, appears turgid with venous blood; appetite good, pulse and temperature normal, excreta healthy to all appearance; there is great sensitiveness to external pressure on the part of the larynx and trachea; taking food and water do not produce a cough. These are the chief indications. Now what is lacking to complete a diagnosis? We want to know what kind of sensations are

experienced before, during, and after the cough ; whether there is any pain, and if so, of what sort.

Of the general indications, some suggest *Belladonna*, some *Causticum*, others *Lachesis*, *Rumex Crispus*, and *Phosphorus*. We want to know the seat and kind of pain or sensation to make a complete picture, but the animal cannot tell us. This is the only serious difficulty in the way of homœopathic practice among animals ; is it to be discarded or treated lightly because of this one apparently weak point ? By no means ! The wonderful advantages that the science of Homœopathy enjoys over Allopathy in the vast majority of cases far more than counterbalance this deficiency. Indeed, Allopathy is in no better position ; she can show no advantage whatever under similar conditions. How then does Homœopathy excel Allopathy ? To make a long tale short, we will say, IN EVERYTHING ! How can it be otherwise ? Homœopaths are guided by a *Principle*, a *fixed Law*, in the application of remedies ; the so-called orthodox school are obliged to resort to mere guess-work, or experiment ; and if this be so, as we are told it is, in human medicine, we can vouch that it is especially so in veterinary medicine. When we speak of a *Principle*, a *fixed Law* in medicine, we wish it to be understood that we are referring to the treatment of sick animals by means of drugs. It would be ridiculous to think of applying the homœopathic law of cure to everything that comes under our notice as veterinary surgeons ; for we have surgical and obstetrical duties to perform at one time ; and at another to rely on mechanical, hygienic, or chemical modes of procedure in the exercise of our vocation. To attempt to explain these measures in such a way as would appear to bring them under the homœopathic law, would bring into ridicule the art which more than any other we honour. To prevent the possibility of furnishing an opportunity for the enemy to blaspheme or catch us tripping, we venture an illustration to make our meaning clear. An animal is troubled with parasites ; we administer an agent that will kill and expel the offending guests. In so doing we are acting as hygienists, and we call in chemical or mechanical means to effect the removal, but in so doing we are not bringing the homœopathic law of cure into practice. Homœopathy is *the*, and we believe THE ONLY true science of therapeutics, by which we understand the treatment of the sick by means of drugs which administered to one in health will produce symptoms similar to those exhibited in the case of disease before us. At the same

time, while accepting this law as a rational guide in the selection of drugs, we wish it to be understood that diseases are sometimes to be treated other than by drugs.

Homœopathists have an unspeakable advantage over their allopathic *confrères* among veterinary practitioners when epizootic diseases break out, whose pathological definition cannot be recognised. A disease, commonly called "Pink Eye," appeared in epizootic form in Liverpool and London during the year 1881, and carried off many fine horses. Whether the disease which is defined as "Pink Eye" in our text-books on veterinary medicine is an equivalent to the epidemic referred to we seriously doubt, for it appeared in such differing forms and varying intensity, in the greater number of cases giving evidence of decided infective qualities, while in others these were apparently absent. The same disease had previously appeared in very fatal form on the continent of America, and in some of the larger cities there it had devastated large studs to a most serious extent; but this was where the animals were treated allopathically. Under homœopathic treatment the percentage of loss was quite fractional, and the cases cured convalesced much more rapidly than did those which got better under or notwithstanding allopathic treatment.

Dr. E. M. Hale, in his "New Remedies," makes very interesting reference to this epizooty. He says:—

"The diseases in which I have found it (*Iodide of Arsenic*) useful, and in which it generally acts speedily, are epidemic influenza, whether a catarrhal fever, a 'bad cold,' or the 'epizootic,' so called. When the 'horse disease' swept over this country I carefully studied the symptoms as narrated by the newspapers, and I resolved, in case it reached Chicago, I would give the *Iodide of Arsenic* to my horses. I saw many cases in all stages, and was struck with the similarity of all the symptoms, and the general condition of the animals, to the symptoms of arsenic, particularly the Iodide. I publicly advised its use, and gave it my horses and to those of my neighbours as a prophylactic. The result was that in many cases it cut short the disease when well under way, and prevented almost entirely its attacks in those horses to whom it had been given as a preventive."

Certainly the pathogenetic symptoms of *Iodide of Arsenic* agree exactly with the symptoms we observed in horses suffering from this disease in England. Here we have an instance, then, of the great advantage of being guided, as



homœopathists are, by the totality of the symptoms presented in a given case; we have no necessity to resort to the pathologist to tell us what is the matter; although, be it understood, we have the greatest respect for the pathologist, provided he does not enroach upon the domain of therapeutics. The same advantage prevails under all circumstances; and accordingly the veterinary homœopathist can and does succeed where orthodox practitioners fail, provided he adheres stringently to the great law propounded by Hahnemann. In that fatal disease which occurs so frequently in cows, "parturient apoplexy," or as some erroneously call it, "milk fever," Homœopathy has distinguished itself in a most marked manner. The disease varies much in form and intensity, and sorely perplexes the allopathic school. Not so, however under homœopathic practice; cases are almost invariably brought safely through, if—and we draw particular attention to the "if"—the owner calls in professional aid immediately the animal is taken. Moreover, in homœopathic practice we have a remedy for this disease which we believe may be relied upon as a prophylactic. Once an animal has fallen a victim thereto, she is almost certain after a subsequent calving to be attacked again. On the strength of this knowledge we were only a short time ago asked to see if we could do anything to ward off an attack in a cow which had after her former calving been down with parturient apoplexy; we prescribed accordingly, and the animal was subsequently safely delivered of a fine calf, and now—some three weeks having expired—she is in excellent health, and giving an abundant supply of milk. But for this course of treatment we firmly believe she would have had an attack, and being excessively plethoric, it would in all probability have been fatal to her this time. Enteritis (inflammation of the bowels) in horses is a disease that, under allopathic treatment, carries off any number of cases, and old-school practitioners are helpless to arrest its onward and destructive march. When the patient is carried off, as it probably more often is than not, they are apt to try to console their clients with the idea that the bowels are twisted, or that there is a large calculus present, and hence infer that the animal must have died under any circumstances. Doubtless the surgeon is perfectly conscientious, and believes implicitly that such was the condition of the animal; but the recognised mode of treatment is in itself quite inoperative. To administer opium in massive doses internally, or morphia subcutaneously, in

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order to allay the pain, leaving the rest to hot fomentations of the abdomen, enemata of warm water, and the recuperative powers of nature, is not likely to prove of much use under such serious conditions. Sometimes, though not frequently, in these more advanced days, such cases are made absolutely worse by the administration of an active cathartic, or bleeding.

Is Homœopathy able to combat such cases as these? Unquestionably it is, the very worst of them! And successfully too, provided the practitioner is called in early enough, and the animal is neither too old nor too weak for there to be reasonable hope of recovery. We are obliged to guard ourselves once and again with these provisos, because we find people so often indulging in a protracted course of treatment of their own, and then sending for us at the eleventh hour, and the fifty-ninth second of that hour, expecting us to restore their animal, which already has three legs, and the greater part of the fourth, in the grave; and if the remedies fail—which, by the bye, is very mercifully rarely the case, even in the face of apparently insuperable obstacles—the fact is blazoned forth in stentorian trumpet tones, and all the coachmen, grooms, horse-dealers, and the rest of the would-be “knowing ones” are jubilant; but we, like the man who had the Amazonian wife, exclaim, “It pleases them and don’t hurt us; let them enjoy it!” We might, if space would permit, lengthen out an imposing list of acute diseases, wherein allopathy is altogether at fault in its treatment, and very frequently not only fails to cure, but helps to polish off its victim, to the serious loss of some unsuspecting and too confiding individual, but wherein Homœopathy has fairly eclipsed herself, and worked out results that in themselves approach almost to the miraculous. Just a word in conclusion about cases of lameness in horses. A very considerable majority of these, especially in large towns like London, Liverpool, Manchester, and Birmingham, are cases of foot-lameness, owing mainly to the prevalent system of shoeing, than which we are unable to conceive anything more stupid. Probably we shall be deemed out of our mind if we assert that, if a horse has never had a shoe on, and his hoofs have never been carved and pared by that ambitious artist the blacksmith, he need never have a shoe on, so far as utility and service is concerned; but we assert this nevertheless, even at the risk of some kind friend concluding that we are fit only for Bedlam. Perhaps at some

future day, if the spirit moves us, we may enlarge upon this topic. Let, however, the lameness arise from whatever cause it may, homœopathic treatment, when strictly carried out, can always afford alleviation, if it cannot cure, and that without any of the barbarities resorted to under orthodox practice. No setons! no blistering! no firing are required!! But there is one thing required, among others, that lazy grooms and coachmen don't like, and that is frequent and effective hand-rubbing.

We call attention to one very troublesome disease of the feet that is among town horses more often than any other a cause of lameness—namely, the so-called Navicular Arthritis. We have examined a good number of cases *post-mortem*, and are quite of opinion with Professor Williams that “the parts involved are the navicular bone, the articular cartilage, the synovial membrane of the bursa, and the tendon of the flexor pedis perforans;” that as a rule the inflammation is first set up in the cancellated portion of the navicular bone, extends therefrom to the cartilage covering it, and that ultimately the fibres of the tendon are lacerated through having to play over and come in contact with the carious surface of the bone; that the loose ends of the tendon become imprisoned by lymph thrown out from the bone, to which it ultimately becomes adherent. This is of course a process which takes time, and should be arrested before it gets so far. Under homœopathic treatment the disease can be cured when taken in time—that is to say when the animal begins to show symptoms of uneasiness and pain by pointing his foot or by shortness of action, or by wearing away the toe of the shoe more than other portions thereof. In a disease like this, which affects such deeply-seated parts, it will appear reasonable that mere local treatment, on which alone the old school depends, cannot be sufficient, nor is it. Homœopathy does not refuse the aid of mechanical measures, but gladly co-operates with them; therefore in these cases, while administering a homœopathically-selected remedy—viz., such an one as is capable in the healthy of producing astitis—the consistent and earnest practitioner will not decline to avail himself of such local treatment as he may consider the case calls for; at the same time he is perfectly aware that to trust to this latter only would be perfectly futile. There is one word of warning we must offer to those homœopathists who are true to the faith and treat their animals as they treat themselves. Don't imagine because animals that are treated

by non-professional hands do not always recover under homœopathic treatment, that therefore the science of Homœopathy is at fault; it is because the prescriber does not understand what he is about. Indeed, when we remember that professionally-trained men are not invariably successful, it is not to be wondered at that he who knows no more about physiology, pathology, and *materia medica* than an occasional peep into one of Dr. Ruddock's household treatises can afford, should fail. Nay more, it is a striking proof of the marvellous efficacy of our medicines that such an one can cure so often as he does. It is not fair to expect Homœopathy to cure after Allopathy has been bungling about, playing with an already weakened constitution. Let each system, without handicapping, be fairly put to the test, on its own merits; and whether the patient be the human subject or one of the lower animals, we shall be quite content to leave the judgment depending upon the results.

## PARASITES IN FISHES AS CAUSES OF DISEASES.

THE *Dietetic Reformer* quotes from the *New York Times* of 9th October, and refers to the offer by the Swedish Government of a prize for the best treatise on "parasites in fishes used for food, with reference to their possible relation to certain diseases prevalent in districts where fish forms the dietetic staple." The particulars are curious.

In addition to obstinate cutaneous affections, a remarkably malignant type of dysentery, involving severe gastric disturbance, is endemic in these districts, and popularly regarded as one of the concomitants of a fish diet. This disease has been described by Dr. Clendinen, of Fort Lee, as occurring in Englewood Valley, New Jersey. In a memorandum read before the Bergen County Medical Society, Dr. Clendinen pointed out the intimate association of the disorder with the presence of the *Agamonema capsularia*, described by Professor Joseph Leidy, of the University of Pennsylvania, as long ago as 1856. It exists parasitically in shad, herring, and several other species as a minute encysted worm, readily mistaken by the inexpert for the dreaded *Trichina spiralis*, though considerably larger and less active in its movements. Occasional specimens are found in salted herring. Another of the parasites common to fishes was discovered by the Swiss microscopist, Claparede, and has been described by him.

This curious little creature is enclosed in a microscopic bag (or cyst) filled interstitially with a transparent fluid, and occurs most frequently in the structures immediately contiguous to the gills of its victim. It is believed to give rise to a severe form of enteric disease when the infected fish is consumed without sufficient cooking. Other animal parasites of a more familiar description have been discovered in fishes. It is probable, indeed, that such an experimental and microscopic investigation of this field of inquiry as will naturally follow will end in disclosing the fact that putrefactive organisms and phenomena are leading factors in producing the diseases endemic in fish-eating communities. Those who have most carefully investigated the subject of the relative rapidity with which putrefaction takes place in different representatives of the animal kingdom, are fully aware that the muscular structures of the fish, under conditions of purity of temperature and moisture, present less resistance than those of any other animal used for dietetic purposes. Decay sets in earlier and proceeds more rapidly than with land animals; and the generation of associated forms of microscopic life, both animal and fungoid, is carried to astonishing results in a few hours. Recent studies of *post-mortem* phenomena in animals have disclosed the fact that the generation of microscopic forms of life precedes rather than follows the sensible evolution of the gases of decay; presented uniformly in the tissues of all animals, under conditions of experiment, in the development, as a starting point, of myriads of minute spherical organisms, to be followed in their turn by the evolution of corresponding myriads of minute worm-like creatures that have been aptly styled death vibrios. The latter are often to be seen in imperfectly cured ham, and have sometimes been mistaken for true specimens of the *Trichina spiralis*; while the remarkable fact that the consumption of such ham without sufficient cooking produces a train of symptoms only less severe than those produced by trichinous meat, and so nearly identical with them, renders some confusion of the two by medical men very pardonable. Professor Clark, of Harvard College, was among the first to discover and describe this *post-mortem* organism in a study of the phenomena of decomposition in the muscles of fishes; but its universality has but recently been established.

## CLINICAL CASES. ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

(3.) *Sulphur in Periodical Neuralgia.*—Fräulein —, in June, 1881, had severe headache from exposure to the hot sun; since then has been subject to headaches at times. For nearly three months has had them periodically; they commence every Saturday, lasting the next day, and on Monday she wakes free from them. At first the pain commenced about noon on Saturday, then it anteposed. Last Saturday it commenced at breakfast; this week it commenced on Friday, July 14th, about 9 p.m. The paroxysm commences thus—there is a rush of blood to the eyes, and she looks as if she had been crying; then she is chilly all over, with paleness of face, and the headache comes on. The pain is in the forehead like a cramp; it is aggravated by stooping, exertion, or excitement, and there is then throbbing in the forehead, which feels like lead. The pain is aggravated also by light, and relieved by the application of a cold hand. With the pain there is hot throbbing in eyes, causing lachrymation, coldness of hands, and slight nausea. This morning (Saturday, July 15th) has in addition pain in sides of neck like a catarrhal stiff neck.

*Diagnosis of the remedy.*—Under the very characteristic rubric, "Headache every seven days," my MS. Repertory gives *Sacch.-off.*, *Sang.*, *Silic.*, *Sulph.* Of these *Silic.* and *Sulph.* have "Contractive pain in forehead," which is nearly allied to the "cramp-pain" complained of by the patient; "Headache worse on stooping" has *Sang.*, *Silic.*, and *Sulph.*, besides many others which have not the first symptom. "Headache from hot sun" and "Headache relieved by cold" have only *Sulphur* out of the above four. I sent her one dose of *Sulphur* MM (F.C.), which she received and took on the evening of Monday, July 17th.

July 24.—Writes that about an hour after taking the dose had a very bad attack of neuralgic headache, which got worse and worse till noon of Thursday, when it entirely ceased, and she has had no return since. Yesterday was the first Sunday for nearly three months that she has been free from headache.

September 15.—She informed me that the headache returned the next Thursday after her last report, and so con-

tinued to return for two weeks. Afterwards the paroxysms returned on their former days, and have so continued till the last attack, which was last Sunday (September 10th). She had been travelling, and so had not consulted me before, not wishing to trouble me to write. I told her that she had troubled me much more by not writing, as I always liked to know the result of my remedies; and I gave her another dose of *Sulphur* MM (F.C.).

November 28.—Saw her again, and found she had remained entirely free from her former symptoms.

December 17.—Since the above case was in type, the patient consulted me again for a recurrence of the neuralgia under peculiar circumstances. She had been exposed to the effluvia of a drain, which had caused painful swelling of face for more than a week, similarly affecting other members of the household. She woke on morning of 16th with a very severe attack of neuralgia; sharp pains darting through head, making eyes ache severely. All day the pains kept jumping from left eye to right ear, and sometimes down to clavicle. This was accompanied by an occasional shiver all through her. She woke again to-day with the severe pain, which had lasted all night except when asleep. I gave her before breakfast one dose of *Sulphur* DM (F.C.), and in less than thirty minutes the pain had quite ceased.

*Comments.*—(1) HAHNEMANN teaches that in intermittent fever it is best to give one dose *just after the paroxysm*. His true followers, who are falsely accused of never advancing beyond the mere letter of what the Master wrote, have logically developed this rule by analogy, and applied it to all periodical diseases. The second dose indeed could not be given just after the paroxysm; but as the periodicity had been broken, I did not think it necessary to wait to see if the attack returned on the usual day or not.

(2) After the first day, the paroxysm returned earlier and more severely. This sometimes happens in the homœopathic treatment of periodical diseases; at other times the paroxysm returns later, and less severe. Any breaking of the periodicity, however, is a good sign, showing that the curative action has commenced. Sometimes one dose will complete the cure; in other cases, as the present one, it has to be repeated. But after any such change in the periodicity it should on no account be repeated, and especially no new remedy given, till it is quite evident that the action of the first dose and the first remedy is completely exhausted.

(3) Under "Anticipating chills," Lippe's excellent *Repertory* gives *Arsen.*, *Chin.*, *Ignat.*, *Natr.-Mur.*, *Nux.*, to which may be added *Eupat.-Perf.* The above case adds *Sulphur* to the list as a clinical symptom. Thus, as well as by provings, is our *Materia Medica* continually enlarged.

(4) Dr. Pope is requested to inform the readers of the *H. W.*, whether he sees any "utter absurdities," "ridiculous assertions," or "palpably dangerous practices" in the above record. But perhaps he can do better! Then let him give us the cases!!

## Obituary.

### WILLIAM BAYES, M.D.

ON the eighth of December, 1882, this eminent homœopathic physician died suddenly, at Brighton, in the sixtieth year of his age. Only a few days before we received a letter from him, sending us therewith a contribution to the pages of the *Homœopathic World*, a contribution that was intended to be the beginning of a series; it will be found at p. 2, and possesses now a melancholy interest as the last literary production of our departed friend.

Some ten or twelve years since Dr. Bayes had a severe fall, and struck his head against the pavement; ever thereafter he suffered more or less in the occipital region, and although he continued in active work, still he never really entirely recovered from the shock. Now he has joined the great throng, and it is not too much to say that his loss will be greatly felt by our entire body.

Dr. Bayes was the author of a work entitled "*Applied Homœopathy*," and of numerous pamphlets, and of a large number of papers published in our serial literature; he was also sometime co-editor of the *Monthly Homœopathic Review*, and latterly he edited a journal entitled *Homœopathic Medical Progress*. But he will be most missed in homœopathic politics, and especially in connection with the London School of Homœopathy, of which he was the father, and to the success of which he devoted almost his life. Dr. Bayes was much beloved by a large circle of patients and friends.



## DIONYSIUS WIELOBYCKI, M.D.

ON November 16, 1882, this well-known homœopathic practitioner went to his long home. We had been made acquainted with our lamented colleague's failing health, but had hoped he might have in some measure recovered during the rest which he had just begun to take. It was too late; though, perhaps, his work was done. The *Edinburgh Courant* of November 17, 1882, gives the following interesting details:—

"THE LATE DR. WIELOBYCKI.—It is with regret we announce the death of Dr. Dionysius Wielobycki, which took place yesterday morning, at his residence, 3, George Square. The deceased gentleman, who was sixty-nine years of age, was in indifferent health for about two years, mainly owing to overwork; but he declined to comply with the solicitations of his friends to go abroad for a period, and three weeks ago he became much worse. Since then he was confined to bed, and latterly his heart being affected, death supervened. Dr. Wielobycki was a native of Poland, his father being a nobleman occupying the rank of Marshal. He took part in the insurrection of 1831–32, and was wounded. Shortly afterwards he was made Knight of the Golden Cross, *Virtuti Militari*. In consequence of the part he had taken in the war he was deprived of his father's estates, and had to flee the country. He studied in the Universities of Cracow, Berlin, and Bonn, and about forty years ago he came to Edinburgh, where he obtained his medical degree, and had an extensive practice. He was an enthusiastic, patriotic Pole, and two years ago was instrumental in the promotion of a requiem mass to commemorate those who fell in the insurrection. On that occasion the Polish coat of arms and the arms of the Wielobycki family were placed in front of the catafalque. Captain Renczyuski, also Knight of the Golden Cross, *Virtuti Militari*, dedicated to him his work on the Moabite stone entitled 'The last of the Anakims in the Land of Moab,' which was recently reviewed in our columns. In politics Dr. Wielobycki was a Conservative. He leaves a widow, the daughter of a nobleman killed in the insurrection. There will be a requiem at the Pro-Cathedral, Broughton Street, of which deceased was a member, on Tuesday, at eleven, after which the funeral will take place in the Grange Cemetery."

Dr. Wielobycki was a valued contributor to the *British*

*Journal of Homœopathy* many years ago, but of late he worked practically for truth in therapeutics in a private way only. The deceased gentleman was very much beloved, and his benefactions to the poor were unusually liberal. A friend of his lately said to us, "Wielobycki was a fine fellow; when he was in full swing years ago, before his big warm heart got him into trouble, he would attend the very poorest women in their confinements, quite irrespective of fees, and if they had not everything they wanted he promptly procured it for them himself."

Let the earth rest lightly upon him!

## LITERATURE.

### TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY SIXTH ANNUAL MEETING.

THIS is a batch of good papers that were read at the late meeting of the Society at Indianapolis.

It has been urged against this Society that it has no *raison d'être*, inasmuch as the ophthalmological and otological bureaux of the American Institute of Homœopathy are all that is needed.

But a society that can turn out such a batch of good and instructive papers in one year's Transactions needs no further apology: it clearly justifies its existence.

Our space does not admit of our entering with any fulness into the subject-matter of the various papers, some of which we may subsequently be able to reprint. But we cannot forbear calling attention to Dr. Campbell's most interesting little notice of a case of what he calls "Voluntary Nystagmus." Now the question may fairly be raised whether nystagmus is not necessarily an *involuntary* act being a spasmodic affection? To speak of *voluntary* nystagmus appears to us very like *voluntary* spasms.

Of nystagmus Angell thus writes ("A Treatise on Diseases of the Eye," 6th Edition, pp. 307-8):—"Nystagmus, or *involuntary* oscillations of the eyeball, is owing to spasmodic twitching of the muscles which control the globe. It is most frequently seen in congenital cataract in children, but may be brought on by any affection of the eye which

causes indistinctness of vision. Its cure can only be effected by restoring acuteness of vision to the diseased eye." So that, if nystagmus be an involuntary oscillation of the eyeball, how can *voluntary* movements of the eyeball be nystagmus? Perhaps our friend Dr. Campbell will enlighten us.

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### DR. BURNETT'S ESSAYS.<sup>1</sup>

OF course we are precluded from doing more than calling attention to the appearance of this large, handsome volume, but we may, nevertheless, be just allowed to state that it is a collection of Dr. Burnett's various little monographs, and another, "The Causes of Cataract," which has not hitherto appeared in this country. Also, that it appears on the initiative of the eminent publishers, but with the sanction of the author, with whom the publishers have entered into a most liberal arrangement, although no copyright treaty exists between Great Britain and America. This is a graceful act of fairness that deserves to be commemorated, and were it only—*pour encourager les autres*!

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### HOMŒOPATHY: ITS PRINCIPLE, METHOD, AND FUTURE.<sup>2</sup>

OUR eminent colleague, Dr. Pope, has here collected three lectures delivered by him at the opening of the Session 1881-2 of the London School of Homœopathy, and has added a fourth, viz., his address to the Fellows and Members of the British Homœopathic Society in June last.

These are the component parts of "Homœopathy: its Principle, Method, and Future," and we cordially recommend it as a good, sound, common-sense exposition of what Homœopathy really is. More it is needless to say of the work of an author so well known as Dr. Pope.

<sup>1</sup> Dr. Burnett's Essays: containing *Ecce Medicus*, *Natrum Muriatricum*, *Gold*, *Causes of Cataract*, *Curability of Cataract*, *Diseases of the Veins*, *Supersalinity of the Blood*. Boericke and Tafel: New York and Philadelphia.

<sup>2</sup> Homœopathy: its Principle, Method, and Future. By Alfred C. Pope, M.D., M.R.C.S., Lecturer on *Materia Medica* at the London School of Homœopathy, etc. London: E. Gould and Son. Tunbridge Wells: G. Cheverton.

## FAMILY PRACTICE; OR, SIMPLE DIRECTIONS IN HOMŒOPATHIC DOMESTIC MEDICINE.<sup>1</sup>

THIS is a new edition of a very excellent little work that in its former issue was favourably reviewed in this journal. We especially commend its simplicity.

## OTIS CLAPP AND SON'S VISITING LIST AND PRESCRIPTION RECORD. PERPETUAL.

THIS is an elegant pocket-book for inscribing the physician's daily engagements and annotations thereto. It contains a calendar, "Schultze's Obstetrical Calendar," "Poisons and their Antidotes," and the like. The flap appears to us to be on the wrong side.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. BRADSHAW'S REPLY TO "A PHYSICIAN."

SIR,—May I add a few remarks in reply to "A Physician"? Cancer has been to me a most interesting malady. I began its study in 1837, and this I continued for ten years of my homœopathic career. I had always cases under treatment. I have seen the disease, I may say, in every form in which it invades our organism, and I have read of and witnessed every kind of treatment—the knife, enucleation, escharotics, etc. I have watched many cases to the end since I have been a disciple of Hahnemann. I do not remember to have given my poor patients anything but pure homœopathic remedies, and my experience has taught me that these and the *absence* of "*sedatives*" (I suppose opiates are meant) have diminished greatly much of the "agonising pain," and "smoothed the

<sup>1</sup> Family Practice; or, Simple Directions in Homœopathic Domestic Medicine. Compiled from the standard medical works of Jahr, Hull, Hempel, Bryant, Hale, etc. Fourteenth Thousand. London: E. Gould and Son. Bath: Edmund Capper.

sufferer's path to the grave." Thus my sticking faithfully to our therapeutics has served me better than sedatives.

Yours, etc.,

WILLIAM BRADSHAW, M.D.

Worthing, Dec. 6, 1882.

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### DR. BRADSHAW'S REPLY TO DR. POPE.

SIR,—I thank Dr. Pope for his able letter on "Hahnemannians and Gallstones," and stand corrected. My only aim in giving those cases was to induce our homœopaths to seek their remedies for all such painful affections from our repertories, and not to go groping amongst the allopathic *Materia Medica*, for we have enough in ours to meet the needs of all cases.

I stand corrected. It would really give me pleasure to write a thesis in vindication of my treatment (bad as it was), but let the matter rest, for the results were good. Very few of us expect to put a camel through the eye of a needle! I have several times been consulted for the horrid agony and spasm caused by a vesical calculus, and given great relief from true homœopathic treatment, but as I never try to do the impossible, I sent two of my cases to Sir H. Thompson to be operated upon. I hope to give some cases of cure with the 200 which Dr. Pope may *call* all "moonshine," but I *know* to be facts.

Yours, etc.,

W. BRADSHAW.

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### "QUICUNQUE VULT."

DEAR EDITOR,—Your correspondent, "A Physician," asks, "As we are thus at one upon Hahnemann's great therapeutic law, and each one endeavours to the best of his ability to carry this law into practice, why all this petty squabbling and division in our camp respecting dosage and dilution?" How often must I repeat that our contention is not chiefly or primarily "respecting dosage and dilution"? I maintain that the professed homœopaths are not "at one upon Hahnemann's great therapeutic law;" for some, with the Master, maintain that it is infallible, universal, and exclusive, so far as the drug-treatment of disease goes; while others say that "Allopathy is indispensable to medical practice." I deny that "each one endeavours to the best of his ability to carry

this law into practice," for I have seen the libraries of some of these men, and found them woefully deficient in *Materia Medica*s and *Repertories*, some never using the latter at all. Further, I maintain that those who prefer to select the remedy according to a vague pathological generalisation instead of a minute semeiological individualisation, are forsaking the law in its completeness, and that those (and they are many) who alternate medicines are forsaking the law altogether, seeing that until we have proved medicines in alternation, we cannot give them in alternation in accordance with that law.

"A Physician" says, "it is our duty to use *all* the means in our power which appeal to our common sense, independently of any one particular *pathy*." Granted; yet if "any particular *pathy*" is considered by any physician to have failed him, would it not be logical in him to dissociate himself from that "*pathy*." HAHNEMANN did not merely say "that likes may be cured by likes, and that as a general rule, in the drug-treatment of disease, this law of similars is the best and safest guide for the physician to follow." He says, "Homœopathy is a perfectly simple *system* of medicine, *remaining always fixed in its principles as in its practice*, etc." (Preface to *Organon*.) Let it not be forgotten here, that the present discussion is not "What is true?" but "What is Homœopathy?" HAHNEMANN founded a *system* of medicine to which he gave the name "Homœopathy," emphatically protesting against any deviation from its fixed principles, and stigmatising those who deviated as "*mongrels*." Whether HAHNEMANN was accurate in all his rules is another matter, which I am perfectly willing to discuss, and have frequently, though in vain, thrown down the gauntlet of his challenge; at present, however, let us keep to the point. If HAHNEMANN gave his system the distinctive name of Homœopathy, it follows that to apply that name to any other system, or to a mutilated caricature of the original, is not only illogical, but unjust. We do not ask "A Physician" to call himself a homœopath unless he likes; but if he does, he must wear the uniform of the regiment, and obey the general's orders, or he may be, figuratively, tried by court-martial for deserting his post in sight of the enemy, found guilty, and shot! "A Physician" asks further, "Would a 'Hahnemannian' withhold sedative treatment in (say) an incurable case of cancer? Would he do nought for the agonising pain and for the sleeplessness,—nothing to ease the sufferer's path

to the grave beyond giving his 'high dilutions'? If so, I should consider him culpable as a physician, and inhuman." But supposing that the high dilutions of the *simillimum* acted better than sedatives, would it be "culpable and inhuman" to give them? I have seen the effects of narcotics in incurable cases; I have seen how the temporary relief has been followed by the inevitable reaction, complicated with drug-poisoning, so that the last state of that man was worse than the first. I have seen all this, and know what Allopathy can and cannot do; and I have also treated incurable cases (cancer, phthisis, hydrophobia) with no medicine whatever save the *simillimum* in high dilution, and I know that the relief obtained from such treatment is as far above that of allopathic palliatives as heaven is above another place which is never mentioned to ears polite except when discussing theology or quoting Milton. *Only let it be remembered that in all nearly moribund cases the action of the remedy is speedily exhausted, and fresh remedies have to be frequently selected according to the frequently changing symptoms.* It takes time and gives trouble, *but the results compensate.*

I beg therefore to assure "A Physician" that I do "cling so unswervingly to Hahnemannism" even in these cases, and the results I have witnessed justify me in continuing so to do. Let me also say, that while I accept nothing on trust, and tested HAHNEMANN's doctrines, as I do everything else, before accepting them, yet I demur to his statement that "he was as liable to error as the rest of humanity." "A Physician" might as well say that Hippocrates was as liable to error as Bob Sawyers.

Your correspondent, "M. D.," quotes from Hering in order to show that our lamented colleague taught that an acceptance of the law of similars (which I have shown many professed homœopaths do not really accept) is all that is necessary to constitute a homœopath. But had "M. D." been more thoroughly conversant with Hering's writings, he would have been preserved from the mortification of discovering a mare's nest in a printer's blunder rectified in print by Hering just seventeen years ago!! If "M. D." will refer to the *Hahnemannian Monthly*, vol. i., pp. 81-2 and 225-6, he will find two communications from Hering, showing that the word "rule" was a misprint for "rules," and was correctly printed in the *original* article. This makes all the difference; if we read "rule," then Hering is made to imply that so long as we hold the "practical rule" of similars, all else is

"theoretical opinions," and may be ignored. As it really stands, it teaches that we must hold fast all the Master's "practical rules," his "theoretical opinions" being of little consequence, as indeed HAHNEMANN himself declares. To take Hering's own illustration: We must always carefully distinguish between a doctrine and an explanation of that doctrine. HAHNEMANN gave what is often called his "theory" of chronic disease, which he considered tripartite. But the practical "doctrine" was simply an unfolding of the primary law of similars; namely, that to cure chronic diseases we must use remedies homœopathic, not only to the present, but to the past symptoms of the patient; in other words, to the entire constitutional state. Whether we accept HAHNEMANN's tripartite theory, or subdivide chronic diseases a hundredfold more, or combine them into one genus instead of three, HAHNEMANN's fundamental maxim would remain unchanged, and his practical rules for the successive treatment of these three forms of dyscrasie in complicated cases would remain untouched. Hering thus really teaches the *exact opposite* of what "M. D." imagines!

With regard to Dr. Pope, I beg to inform him that he has not excited my "indignation and wrath" at all. The "wrath" seems to be on his side. I am only *amused*, not angry, with his literary antics, and hope he will continue to favour me with them. I am glad also to find that he admits the *bad* effect of narcotics when given for the relief of gallstones. But he implies that we must take the lesser of two evils. Granted, when only the two evils exist; but what if it can be shown that Homœopathy offers unmixed good. Dr. Pope sneers at the possibility of this, and compares the homœopathic treatment of the passage of a gallstone to the attempt to remove a grain of sand from off the conjunctiva by similar measures! Were Dr. Pope not a professor at the London School of "Homœopathy," I should have felt tempted to suggest that he should study the respective anatomy of these parts!

Dr. Pope denounces Houat's symptoms of *Belladonna* as "long since condemned by a most competent authority as apocryphal." Who this "authority" is he does not say; but if he is the polite gentleman who stigmatised them as "actual lies," I beg to decline accepting him as an "authority" on the subject, seeing that some of his criticisms on HAHNEMANN's *Materia Medica* have been proved to be inaccurate. Let me here state that Dr. T. F. Allen, who is



by no means credulous with regard to the materials of our semeiology, accepts these symptoms of *Belladonna* as genuine. But supposing they were "apocryphal," it would not alter the fact of *Belladonna* having relieved the pains of gallstones. And would not such a treatment be better than narcotics?

Dr. Pope, however, denies Dr. Bradshaw's "cures," asserting that they were mere recoveries. I will leave Dr. Bradshaw to repel this attack, which doubtless he is well able to do. But Dr. Bradshaw's cases do not constitute the whole of published homœopathic practice. Dr. Pope seems inclined to shirk the task of wading through this voluminous literature. Well, I will take pity on him, and give him a case of calculus quoted in the periscope of the *British Journal of Homœopathy*, 1879, p. 378. (N.B.—This journal is edited by Drs. Hughes and Dudgeon, the former of whom, in his eagerness to prove the inherent limitations of the law of similars, asks "How can drugs produce anything like the disorder of sensations and functions attending the passage of a calculus?" The following case therefore may prove an eye-opener for both these gentlemen:—)

"In No. 24 [of *Allgem. Hom. Zeitung*, vol. 97] Dr. Sigmundt relates a case of very severe colic from renal calculus, descending through the urethra, cured by *Colocynth* 3, in a very short time. He was called to see the patient, a man aged 36, at 5 a.m. He found him suffering from horrible pains in the abdomen. The pain was shooting, involved the region of the flexura coli sinistri and spleen, and spread downwards to the bladder and rectum. There was ineffectual straining to urine and stool and empty eructations. The regions mentioned were very sensitive to pressure, and the abdomen was distended. The pains were constant but varied in degree; they sometimes came in paroxysms of intolerable agony. The patient could not lie in bed, but ran about the room groaning, bent double, the hands pressed on the abdomen. Skin cool, moist; pulse 80, weak. The previous day he had had three loose stools, and the pains had commenced about midnight, increasing gradually in violence. *Coloc.* 3, in half a pint of water, a mouthful every quarter of an hour. The first dose gave relief, he was soon able to lie in bed, and by 9 a.m. he was quite free from pain. In the course of the day he passed nine small stones, from the size of a pin's head to that of a pea. They were round, not quite smooth, of red colour and rather hard, but could be crushed. Their chemical composition was uric acid. During

the next day four more stones were passed and a considerable quantity of gravel. Under the use of a diet chiefly of vegetable substances, and *Coccionella*, the gravel gradually disappeared, and the urine became clear, and the patient was soon quite well."

I beg here to call Dr. Pope's attention to the fact that in the above case the pain was relieved first, and *afterwards* the mechanical obstruction was removed. This shows that it was a *cure* and not a *recovery*. Furthermore, Dr. Pope will find the symptoms of this case very fairly depicted in Hahnemann's pathogenesis, so that its homœopathicity cannot be questioned; and I do not think that he will deny that if homœopathic treatment will relieve the painful passage of a renal calculus, it will relieve that of a biliary calculus also.

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

#### DR. THOMAS ON THE CAUSE OF TUBERCULOSIS.

SIR,—In your September issue you remark in reference to consumption that there are many kinds of wasting disease. With this statement we must all agree; but as Koch's experiments, briefly noted in your August number, are confined to tuberculosis only, it is as well this fact should be appreciated by your readers.

The question as to tuberculosis in any instance being produced otherwise than by bacilli must as yet remain an open one. Its appearance without any evidence of contagion is no proof that bacilli may not have caused the mischief; for Koch in his experiments shows that "the sputa of tubercular patients is generally charged with tubercle bacilli, and these often contain spores. It is probably through the presence of such spores that the matter retains for a long time its infective properties."

That some people are more liable to tubercular mischief than others is as commonly admitted as that some people are more or less liable to other diseased conditions. This, however, does not affect the origin of such diseases. The argument that bacilli are "on the very borders of the visible" is more poetical than exact, and applies as fully to Dr. Gregg's supposed granules of fibrine as to Koch's tubercle bacilli. If by such statement it is meant to be inferred that

there is any doubt of the presence of the bacillus, it is simply a nonsensical statement. Drysdale and Dallinger,<sup>1</sup> in their investigations with the fiftieth-of-an-inch objective (a higher power than necessary to see the tubercle bacillus),<sup>2</sup> which were conducted for hours at a time, and frequently repeated, lasting over a very long period of time, have shown conclusively that, with such a powerful objective, much may be made manifest that was before undefined with lower microscopic powers, and that with patient watching no confusion or dim-sightedness would justify the use of the words "upon the very borders of the visible," as casting any doubt upon microscopic work well and patiently done. The merest tyro in the use of the microscope must know the high position Koch takes as an original and most careful investigator and microscopic magnate. As to what can be done with high powers, it may be well to note here that Dallinger has measured the diameter of the flagellum of bacterium termo, and found it to be  $\frac{1}{2041700}$  of an inch, "that is to say, within a wholly inappreciable quantity."

With respect to septic poisoning, this is generally produced by bacilli, bacteria, or kindred growths.

In Dr. Gregg's paper, entitled "Bacteria in Tubercles," one is at a loss to understand why he did not entitle it "Bacilli in Tubercles," and presume that, as he makes no distinction between bacteria and bacilli, he may be allowed a very little more latitude, and be excused for seeing no difference between bacilli and coagulating fibrine. Koch's discovery relates to bacilli only. "The special peculiarity of bacillus consists in the extension of its cells into straight rods, sometimes of considerable length, which break up by transverse subdivision into separate cells, each of which has a flagellum at either end; though, when the cells are paired (like those of bacteria), each carries a flagellum at its free end alone."<sup>3</sup>

The tone of Dr. Gregg's paper implies that scientific or microscopic observers are a distinct race of beings, and are at variance with medical men generally. How reconcile this with the work of Drs. Blackley, Dudgeon, and Drysdale, men of like passions with ourselves, or Drs. Beale, Carpenter, and

<sup>1</sup> Researches in the Life History of the Monads. By Rev. W. H. Dallinger, F.R.S., etc., and J. Drysdale, M.D., F.R.M.S. Life History of a Minute Septic Organism. By Rev. W. H. Dallinger.

<sup>2</sup> The tubercle bacillus in sputum and lung section is plainly visible with one-fifth-of-an-inch objective and C eyepiece.

<sup>3</sup> The Microscope and its Revelations. Sixth Edition. By Dr. Carpenter.

Hogg, whose microscopic researches have not made them hostile to their brethren in medical science or to earnest medical students? Dr. William Roberts, of Manchester, and other medical men (whose names crowd upon my memory), have done much for medicine by aid of the microscope, but nothing hostile or injurious to the study of medicine. All these men have laboriously and patiently and humbly endeavoured to serve the best interests of their fellow medical men by searching out for the truth as it could be found by toilsome research.

The pith of Dr. Gregg's paper lies in the assertion that "the three classified forms of so-called bacteria in disease are never in any case anything more than the three forms of coagulating fibrine," which he describes as "granules," "fibrils," and "spirals." "These granules of fibrine are of the same size and exactly of the same form as the alleged micrococci, or spherical bacteria of disease—both standing 'upon the very borders of the visible' under the highest magnifying power. The fibrils of fibrine are precisely like the assumed bacterium termo, or rod-like bacteria of disease, and demean themselves the same under similar conditions; and the spirals of fibrine are also precisely like the so-called spiral bacteria of disease, and they, too, act similarly under all similar circumstances."<sup>1</sup>

Further he writes: "So, look where we may, institute the most careful scrutiny we possibly can with reference to these two sets of forms or bodies, the comparisons and similarities between them are complete and as exact as the most rigid scientific requirements could demand."<sup>2</sup>

Such are Dr. Gregg's *assertions*, upon which his whole theory seems to be built. Let us now see what microscopic observers have to teach us of micrococci, bacteria, and spiral bacteria. "The micrococci are darkish or coloured granules, very minute; many of them are nothing else than sporules of bacteria or bacilli; some of the micrococci do not under cultivation develop into any higher form, but *continue to multiply as isolated cells by binary subdivision*."<sup>3</sup> If Dr. Gregg's "granules of coagulating fibrine" multiply, and can be cultivated, then they are the same. But how can coagulating fibrine granules grow? One of the micrococci is found on mouldy bread, giving it a blood-red tinge. Can coagulating

<sup>1</sup> *Homœopathic World*, page 387.

<sup>2</sup> *Homœopathic World*, page 388.

<sup>3</sup> Carpenter on the Microscope, Sixth Edition, p. 368, etc.

fibrine granules grow, or can they by a great stretch of imaginative power be supposed to be found upon mouldy bread? Again, micrococci are found in other positions where fibrine in any form is absent.<sup>1</sup> Eight years ago a number of bacteria were well known to microscopists; since then others have been found, studied, and their portraits carefully drawn; they are not in all things alike. Will Dr. Gregg still stick to bacterium termo? or would he like another chance to choose again. As he claims in his paper to have "given some attention to bacteria the last few years," it is not asking too much for him to particularise which shall bear the distinctive name of *Bacterium Greggii*. In the Life History of a Cerco-Monad, by Drysdale and Dallinger, are drawings and descriptions of a low type of life which was carefully watched by these observers for nearly twelve hours consecutively, and under the microscope was seen to develop from a mere spore (micrococci) to a cyst, then to acquire tails (flagelli), to enlarge in growth, to divide by fission and propagate its kind, which passed through similar stages. Thus bacteria has also been observed by other microscopists to change, enlarge, and multiply. Can any one suppose coagulating granules of fibrine pass through such changes, develop tails, split and multiply, and the young coagulating granules' grandsons go through similar changes? *Credat Judeus!* The history of spirilla is similar to that of bacteria; the important facts in the history of all these types of life being, not only their form and development, but their power to live, be cultivated in inorganic media, to bring forth young, and multiply in immense numbers with great rapidity and fecundity.<sup>2</sup> Surely Dr. Gregg is asking too much for us to believe his coagulating fibrine to do any such marvellous work, and this on his mere assertion, and without any proof. Further, he seems to forget to provide *similia* for vibriones, zooglæa, bacilli, and other low types of life. To be exact in his comparisons he should fit the thing all round.

The fear Dr. Gregg appears to assume, that Koch's claim should "still further frighten us out of this world and into the next, at the idea that we nearly all must have something gnawing at our vitals which nobody but scientific men have

<sup>1</sup> Cohn's nutritive fluid is a compound of mineral salts and ammonia, entirely destitute of albumen or fibrine, and is used to cultivate bacteria, bacilli, or monads for microscopic purposes.

<sup>2</sup> In a few hours bacteria will multiply its kind by *millions*.

the ability to comprehend," is only another version of the superstitious ideas which ignorant old women have of the "mighty knowledge of one's innerds some doctors do have to be sure." His further fear that this discovery, "which has led, or is rapidly leading, to a new bacteria craze, which, unless stopped, must still further divert the minds of physicians from disease as it really is in nature, and from their true duty in healing the afflicted, by creating bugbears that they know nothing of or how to combat, and which only leaves them helpless in the midst of doubts and fears that have no foundation in fact"—to this I would say, "Ye shall know the truth, and the truth shall make you free."

That Koch has fully demonstrated his position is for the medical profession to judge. He asserts nothing but what he offers proof of. He not only tells you how he discovered the tubercle bacillus, but shows how you may find it, in the tubercle or in the expectoration. He further, taking every care to isolate the bacillus (previously staining it blue, while all fibrinous matter is by the same process stained brown), inoculates animals with it, producing by such inoculation tuberculosis and death. What further proof is needed or demanded to satisfy an unbiased seeker after truth?

Half the cure of a disease is to know the cause of the same. In order to prevent the spread of tuberculosis, what a lesson we are taught of the necessity of destroying the germinating power of the sputa. How many deaths from tuberculosis might have been prevented these last ten years had this one fact been impressed upon all students of medicine? Our duty is now plainer than it was—viz., to set our wits to work and see in how many different ways we may do our best to stop this dread mischief, which has been justly called "the scourge of our land."

Let us emulate Hahnemann, who did not hesitate to recommend *Camphor* in cholera on the ground that it destroyed the animated miasms of which he considered the *contagium* of cholera consisted.<sup>1</sup>

Yours truly,

H. THOMAS, M.D.

<sup>1</sup> *B. J. of H.*, No. 161, p. 303.

OUR FRIENDS DR. DUDGEON, DR. BRADSHAW,  
AND MR. PICKWICK.

SIR,—As one of your correspondents in your last number assails me in language which might seriously injure me, both intellectually and morally, in the eyes of those imperfectly informed of the precise value of medical controversial diction, you will oblige me by the insertion in your next of the enclosed correspondence, which will, I hope, serve to show that the words I complain of are to be taken, not in their natural, but in a Pickwickian or non-natural sense.

I am, Sir, your obedient servant,

R. E. DUDGEON.

December 8th, 1882.

[The correspondence referred to here follows.—Ed. *H. W.*]

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DR. DUDGEON TO DR. BRADSHAW.

DEAR DR. BRADSHAW,—I do not suppose I am unduly sensitive to criticisms of my published opinions, but do you not think that you have rather exceeded the bounds of conventional criticism in characterising as “awful nonsense” and “a perversion of truth” what I am reported to have said in my lecture at the opening of the London School of Homœopathy, which you did not hear, and of which you have only seen the report of some newspaper, for which I am no way responsible? Do you not think it would have been more in accordance with the courtesy due from one colleague to another to wait for the publication of the lecture before censuring it in the above or any milder or stronger terms? If you thought the passage you quote so “monstrous” as to require instant repudiation, do you not think it would have been better to have ascertained from me whether it was a correct report of what I did say? As my lecture was reported on the 4th October, and your letter to the *H. W.* was written on the 11th November, there would have been ample time to do this.

Excuse me troubling you with these remarks, but I appeal to you whether you would like to see anything you had written or spoken, or were reported to have written or spoken, publicly denounced, not by an enemy, for that might be expected, but by one whom you had hitherto regarded as a friendly colleague, as “awful nonsense” and “a perversion of truth”? and would you think that such denunciation

would be an efficient way of promoting "peace amongst us," and that "charity and brotherly love," the want of which amongst us you say you so deeply regret?

Yours truly,

53, Montagu Square, London,  
2nd December, 1882.

R. E. DUDGEON.

DR. BRADSHAW TO DR. DUDGEON.

DEAR DR. DUDGEON,—Your letter has pained me much, because I see my remarks (written in haste) have caused you annoyance. I really regret that the words were written, as they have had such an effect. I am sorry now that I was not at the meeting, for then I might have uttered the same, and they would have passed away like *epea pterota*. When my wife read my remarks in the *World*, she said she was ashamed at my using such slang words as "awful nonsense." I fear I am too apt to take up cudgels in my master's defence, either against friend or foe, for I feel that Hahnemann's inspiration regarding medicine was only second to that glorious inspiration of our religion.

I can only add how sorry I am that my remarks have annoyed you, and I hope you will forgive me.

Yours very truly,

W. BRADSHAW.

Worthing, 4th December, 1882.

DR. DUDGEON TO DR. BRADSHAW.

DEAR DR. BRADSHAW,—Your conviction that Hahnemann's "inspiration regarding medicine" was akin to that attributed to the authors of our Bible, fully accounts for your employment of hard words and phrases against such as do not hold the same conviction, while expressing your earnest desire for the promotion of "charity and brotherly love amongst us;" for such is a method often adopted by theological controversialists in order to express their dissidence from one another's views. But do you not think that in matters of science it would be just as well to stick to the methods of scientific men, and leave their traditional and time-honoured methods to the theologians? I have read all the published works of Hahnemann; indeed, I have translated most of them, but I confess that they have not all appeared to me to be equally scientific, or as you would say "inspired;" still



I think I might be allowed to express my opinion that some of his later doctrines are unproved hypotheses, which is in fact the argument in my lecture that has been travestied by the reporter, without being accused by a colleague who heard none of my arguments or proofs, of uttering "awful nonsense" and "perverting truth." I too have frequently had occasion "to take up cudgels in the master's defence," but hitherto only against his foes. I think cudgels would be rather out of place against his friends, or my own; but then my pugnacity has its limits.

Your note is satisfactory as a private expression of your regret at having made use of offensive words, but as you pilloried me in public, I may fairly expect some equally public explanation. I presume therefore that you can have no objection to the publication of this correspondence with any additional letter you may see fit to write in the columns of the periodical in which your attack upon me was made.

Yours truly,

53, Montagu Square, London,  
5th December, 1882.

R. E. DUDGEON.

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DR. BRADSHAW TO DR. DUDGEON.

DEAR DR. DUDGEON,—In answer to yours of this morning, I can only reply, pray publish our correspondence if you like, although I never wrote my letter expecting it would be made public or I should have penned it rather more carefully; however, I am pleased that you get the advantage of it. I was vexed on reading the short epitome of your lecture in the *M. H. Review*, and at once wrote in condemnation of its tone against Hahnemann.

I feel it is so very absurd even to talk about submitting our infinitesimals to the tests or opinions of scientific men, for see what scientific groping has done for our English homœopaths, it has turned a great number of them either into eclectics or non-homœopaths. Such is a sad truth, but it is a fact; for as I again assert, the only way we can prove or test the efficacy of our remedies is by experience and administration, and not by any chemical analysis.

Yours truly,

WILLIAM BRADSHAW.

Worthing, December 6th, 1882.

[We may add that we *did* hear Dr. Dudgeon's lecture, and, as far as his handling of Hahnemann at *Coethen* is con-

cerned, we came to the conclusion that what Dr. Dudgeon said was not history, but the learned lecturer's opinions. To say that these *opinions* are "awful nonsense" is, perhaps, a little unparliamentary, except in a Pickwickian sense; but Dr. Bradshaw evidently only meant to say that they were the *mere opinions* of the lecturer, and, as such, not entitled to be ranked as history. Science is one thing, the *ipse dixit* of a scientiate is another. Drug dynamisation is a *fact in nature*, and this *fact* remains, although science in its present condition cannot compass it, and so simply tries to talk it out of existence in a most *unscientific* fashion—i.e., it cannot be true, and is, therefore, false. Dr. Dudgeon's services to Homœopathy are of a very high order, and *therefore* his utterances regarding the *Coethen* phase of Homœopathy have roused great indignation. But no one—and least of all Dr. Bradshaw—even so much as *thought* of impugning Dr. Dudgeon either intellectually or morally. It is but fair to state that the letter in question, from Dr. Bradshaw to us, was dashed off hurriedly and in anger, and, on sending it, *Dr. Bradshaw requested us to strike out any objectionable expressions*. So the fault is really *OURS*.—ED. H. W.]

### GALLSTONES AND HOMŒOPATHIC REMEDIES.

SIR,—I have been much interested in the letters on gallstones in recent numbers of the *Homœopathic World*, and if you can spare a little space I will give you a brief account of a "cure," so far as easy passing of gallstones, and for many months afterwards good general health.

The sufferer was a maiden lady of about fifty-seven, dark, bilious-looking, and extremely thin. Had been under allopathic treatment for several months, during the last of which a physician had visited the patient in company with the family doctor, and all they could do or suggest was opiates internally and a *Belladonna* plaster externally.

"Gallstones was their diagnosis, death their prognosis."

Before seeing her I sent *Nux V.*, which relieved her somewhat; then *Bryonia* and *Lycopod.*, which, however, did no good. I then saw the patient, and found her almost a skeleton; skin of face and body like dirty, dry parchment. *Calcarea Carb.* 30, one drop in *sac. lac.*, was given every four hours, and *all* pain about gall-bladder left her after second

dose. This medicine was given at longer intervals for many weeks, and the result was the enjoyment of better health than she had had for *many years*. After nine or ten months she was again taken ill (she was an enormous eater, and would have all sorts of indigestible dishes), and was attended by a physician who did not believe in *Calcarea Carbonica* 30. Getting no relief under his treatment, she went back to allopathy and died.

Yours, etc.,

HOMOIOS.

### DR. JOHN WILDE'S REJOINDER.

DEAR SIR,—As you could not allow me sufficient space to answer Dr. Berridge's attack on myself in a thorough manner, I am compelled to reply to him briefly.

Dr. Berridge, with characteristic self-sufficiency, states that he found the "*simillimum*" to my case after ten minutes' search in his repertories, and therefore—— Therefore what? Why, Dr. Berridge, in his own opinion, has cured my case, and I am pulverised! Truly this is argument with a vengeance. Then observe the professional amiability of my critic. He says, "what the remedy was I decline to state." This sounds uncommonly like quackery or claptrap. If Dr. B. really has discovered a remedy for such a case of hiccough, he is bound by professional etiquette and usage to make it known; and if he has not, his statement is mere claptrap.

It comes to this, then, that because Dr. B. has used his repertory, and he has found a medicine which he *thinks ought* to cure, therefore it *would* cure; and his treatment, which was *not* tested, was superior to mine which *was* tested, and really relieved my patient more quickly than other treatment had done on former occasions. There is something childish in this method of treating a serious subject.

He then says that I maintain "that Homœopathy fails to relieve very urgent symptoms." I said nothing of the kind. My words are, "Allopathy is a method of *palliating* such symptoms until Homœopathy can be applied;" but any one can see that I look to Homœopathy for *cure*, and to Allopathy for *palliation* only.

Every Homœopath knows the sort of cases I mean. They are either incurable ones, as malignant disease, or certain obscure cases attended by extreme suffering, where the

simile is difficult to discover at once, or in cases of mechanical obstruction of bowels with impacted fæces, etc.

Then he says, "the pathological method of prescribing is fallacious," if I failed to cure by selecting the remedy on that ground. Indeed, Dr. Berridge! but suppose I did not happen to choose the right remedy out of several pathological similars? Does Dr. Berridge, when he has searched his repertory and found what he thinks a "simillimum," *always* find it answer? If he does, he must be superhuman, and if he does not, does he consider it proves *his* method of selecting a remedy "*fallacious*"?

And now comes the disingenuous part of his letter.

He compares a statement of mine in the *Review* of 1863, nearly twenty years ago, with one I made last month, and asks for an "explanation." Dr. B. appears to regard them as irreconcilable, but I do not see that one statement at all contradicts the other. A man may believe in the necessity of allopathic measures occasionally and yet believe in the efficacy of a 200th dilution; but Dr. Berridge's mind seems too contracted to admit so broad a view of truth. But I beg to observe that if those statements did contradict themselves in any way, it is because twenty years ago I had just begun to practise Homœopathy, and I made too much of "the Master," as many others have done. I am not ashamed to confess that I hold more liberal views now than I did twenty years ago, and I am wise enough to believe that Homœopathy has advanced in that time.

Why does Dr. Berridge make it 1869 instead of 1863? Is it to make my opinions seem more inconsistent? In that very article I speak of adding a bitter to the medicine, and colouring it to conceal its nature, which shows I was in a pupillary stage, and I express my belief in a 200th dilution. Well, I believe *now* in a 200th dilution as well as in a mother tincture curing, and even in a dose of castor oil occasionally, which must appear very shocking to Dr. Berridge.

I may here state that I spent *two hours* in searching a repertory, and not only "*ten minutes*," but I was not so easily satisfied as my critic.

Dr. Berridge's last shot at me is more successful, but it is rather spiteful. He has looked over everything I have written and has found a statement in my little tract, "Homœopathy Explained," as follows: "A magnet has no affinity for brass or wood, nor has *Ipccacuanha* for the eye."

He then quotes a proving in Allen's *Materia Medica* showing that the drug produces severe symptoms on the eye; but Dr. B. knows very well that work was not published till years after I wrote those words, and consequently I could not have seen the quotation. It is true *Ipecacuanha* has some eye symptoms, but any justice-loving man would see the *intention* of my illustration, although, by an oversight, I selected an unfortunate analogue.

Yours faithfully,

Dec. 10, 1882.

JOHN WILDE.

[In the *usual general* sense we still think *Ipecacuanha* has no *affinity* for the eye; that is, no *preponderating* affinity, which Dr. Wilde evidently meant. The symptoms quoted by Dr. Berridge were in an apothecary after powdering the root, and hence may be, and probably are, merely local. We must remember that *Ipec.* has been long used in very large doses, and if it really possessed any *affinity* for the eye, its eye symptoms would be very numerous, which they are not.—  
ED. H. W.]

#### DR. THOMAS ON GALLSTONES AND *HYDRASTIS*.

SIR,—The reason why I first gave *Hydrastis* in gallstones was not, as Dr. Pope suggests, on empirical grounds, but because my patient complained of the following symptoms:—

Excessive pain in the region of the gall duct, extending to and continuing in the umbilicus, attended with facial perspiration and excessive *faint* feeling.

Other symptoms common to gallstones being also present, but these being very dominant.

In the second edition of Hale's "New Remedies," pp. 551 to 553, Dr. Burt's provings, you will find, amongst other symptoms, pains in the umbilical region, accompanied with faint feelings. Further, in this same edition, p. 575, notice is made of its action upon the liver by Coe and others, and Hale remarks, p. 576, "There is one condition of the liver, however, in which I consider the *Hydrastis* homœopathically indicated; I allude to the catarrhal inflammation of the mucous membranes, lining of the gall bladder, biliary ducts, etc." Farther on he quotes its use in the cure of jaundice, and this although at that time he had no provings of "particular symptoms relating to the liver." In the fourth edition of his "New Remedies," p. 321, you will find the

following remark: "The faint feeling with palpitation is quite suggestive of congestion of the portal system." And on p. 324, writes, "It causes jaundice evidently by inducing a catarrhal condition of the hepatic ducts. I am not sure that it can irritate the secretory function of the liver, although the persistent yellow stool would imply that it has such an influence. But this may be coincident with the catarrhal irritation. It may cause, coincidentally, by its primary action, an increase of the secretory power of the liver, and an undue secretion of mucus from the hepatic ducts. This increase of mucus may go on to such an extent as to prevent the flow of bile from the liver into the gall bladder, and from the gall bladder into the intestines. Then it may induce jaundice from suppression and from retention, the former by its secondary action, the latter by its ultimate primary effects." Thus far Dr. Hale's theory. The facts are that on p. 359, vol. i., fourth edition, under the head "LIVER," printed without the clinical mark, appears the following:—

"Torpor of the liver, with pale scanty stools."

No doubt can exist in the mind of any one carefully reading the provings of *Hydrastis* in the second edition, and in the articles in first and second volumes of the fourth edition, that as yet the provings are anything but exhaustive. Another great benefit which I have found from the use of *Hydrastis* is in the treatment of fistulas—in which it is of very great value, and very astonishing in its action—either when used topically or internally, and I have never yet had reason to experience that the doses in which I have used it have in any way caused any unpleasant after effects.

A few words as to why I give Tilden's fluid extract. I have found it more generally alike in appearance and effect than Coe's or Keith's. But you will say, why give fluid extract instead of tinctures? *Hydrastis* has been found to contain two alkaloids, one similar to Berberina (mentioned by Dr. Pope), which is insoluble in cold alcohol, ether, etc., or water, and the other a white alkaloid. It is impossible to get them dissolved in a tincture properly, but there is no difficulty in preparing a fluid extract of *Hydrastis* containing a fair proportion of these in suspension. It may be considered necessary for me to state that the two cases of gallstones so hurriedly quoted in my previous letter are only a sample of several other cases of gallstones treated by me with *Hydrastis*; and further, that I do not believe in one remedy

always curing every curable case of any diseased condition, for I have known of great and speedy relief from gallstone agony being obtained by use of *Podophyllum*, *Calcarea*, and other remedies.

Yours truly,

H. THOMAS.

### FIGS AS A CURE FOR CANCER.

Boil three of the finest Turkey figs in half a pint of new milk; when they are tender, split one and apply the inside of it, as warm as it can be borne, to the part affected, whether broken or not; wash it with the milk every time the poultice is changed, which must be at least night and morning, and once in the day. A quarter of a pint of the milk, in which the figs have been boiled, should also be drunk twice in the day, if the stomach will bear it. This course must be steadily observed for three or four months at least.

The first application will be attended with pain; but afterwards the patient will find ease and relief from every dressing.

A woman was cured by this remedy who had been afflicted with cancer ten years, and her breast bled excessively; twelve pounds of figs cured her.—*Ezt.*

### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. DOUGLAS HALE.—Our well-known colleague of Har-

ley Street is wintering at Mentone. His address is, "Hôtel des Îles Britanniques, Mentone."

DR. KRANZ, WIESBADEN.—Your paper "On the Homœopathicity of Mineral Waters" has been unfortunately mislaid. Will you kindly furnish us with another copy?

DR. USSHER, WANDSWORTH.—Your article is in type.

### BOOKS AND JOURNALS RECEIVED.

Revue Homœopathique  
Belge, No. 7.

American Homœopath, No.  
11.

Medical Advance, No. 4.

Medical Counselor, Nov., 1882.

Boletín Clínico del Instituto Homeopático de Madrid, Año II., No. 10.

Chemist and Druggist, Nov. 15, 1882.

The Hahnemannian Monthly, No. 11, Vol. IV.

New York Medical Eclectic, Sept., 1882.

North American Journal of Homœopathy, Nov., 1882.

Allgemeine Homœopathische Zeitung. Bd. 105, No. 19, 20, 21, 22, 23, 24.

El Criterio Médico. Tomo XXIII., Nums. 17 y 18.

Homœopathic Medical Progress, No. 9.

The Homœopathic Physician, No. 11.

Therapeutic Gazette, No. 10.

Calcutta Journal of Medicine, No. 9.

Dietetic Reformer, Dec., 1882.

The Church Missionary Gleaner, Oct. and Nov., 1882.

The Monthly Homœopathic Review, December 1, 1882.

Dr. Burnett's Essays. New York and Philadelphia: Boericke and Tafel.

Bulletin de la Société Médicale Homœopathique de France. Tome XXIV., Numéro 6.

The Californian Homœopath, Vol. I., No. 1. [A new bi-monthly, devoted to the interests of Homœopathy on the Pacific Coast.]

Bibliothèque Homœopathique. No. 3, 14<sup>e</sup> Année.

New York Medical Times, Vol. X., No. 9.

## CORRESPONDENTS.

Communications received from Dr. Cooper, London; Alan E. Chambré, Esq., London; Dr. F. J. Boller, San Francisco; Dr. Dudgeon, London; Dr. Skinner, London; Dr. John Wilde, Weston-super-Mare; Dr. Bayes, Brighton; Dr. Bradshaw, Worthing; Dr. Ussher, Wandsworth; "Homœoios;" Dr. Thomas, Llandudno; Mr. Joseph Hands, Crayford; Dr. Gustavus Proell, Nice; Dr. Pope, Tunbridge Wells; Dr. Berridge, London; Dr. Shulldham, London; Dr. James Dixon, South Hackney; Dr. Harmar Smith, Ramsgate; Dr. Kranz, Wiesbaden; Dr. Douglas Hale, Mentone.

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# THE HOMŒOPATHIC WORLD.

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FEBRUARY 1, 1883.

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## INTOLERANT SCHISMATICS.

A REGULAR schism seems to be threatening between the homœopathic practitioners of the world. Ever since the enunciation of the Hahnemannian doctrine of drug dynamisation, Hahnemann's disciples have been more or less split up into two camps—the materialists, who like to be called the scientific party in Homœopathy (they having taken a long lease of scientific Homœopathy at a peppercorn rent), and the dynamisationists, who like to be called Hahnemannians *PAR EXCELLENCE*. But hitherto the materialists and the dynamisationists have been content to consider one another as followers of the same master, as disciples of the same seer, as adherents of the same law.

Now, however, certain intolerant schismatics are trying hard to fix a gulf between the two parties.

For the Hahnemannians' dynamisation is almost a divine inspiration. Dr. H. W. Taylor, of Terre Haute, in the January issue of the *New York Medical Times* (p. 303), styles it "the idiotic theory of dynamisation;" and this gentleman's conception of "the work before us" is amply sweeping, for he says, "We must without delay get rid of all dynamisationists and high potency men. They are not of us or with us; they constitute the *impediments* of the onward march of our school; they are the Jonahs of our voyage."

Again, the dynamisationists "constitute but a beggarly minority, respectable neither in numbers nor brains."

Then Dr. Taylor waxes wroth at the fact that two dynamisationists hold chairs in the University of Michigan, and exclaims:—"Could a greater burden of shame be heaped upon the American Institute of Homœopathy? Could a fouler blot be mapped (*sic*!) upon the fair page of American Homœopathy?"

From the towering heights of Terre Haute Dr. Taylor further fulminates:—"The work before us is a work of self-purgation. Let us immediately get rid of the dynamisationists and the Internationals. . . . Let us first throw over the international Jonahs. That is the work before us. Will Dr. Clark put his shoulder to the wheel and help us heave them over?"

How the heaving over is to be done with a wheel Dr. Taylor does not explain. Whatever may happen to the poor dynamisationists, it is pretty clear that Dr. H. W. Taylor is in a very bad way. Let us suppose that the present majority in the Institute do "put their shoulders to the wheel and heave over" all who differ from them. What then? and then?

What has become of the "bird o' freedom"? Has it been slyly asphyxiated at Terre Haute?

On the other hand, some of the Hahnemannians are not one whit more tolerant: it is *only they* who understand pure Homœopathy; *only they* follow Hahnemann; *only they* can do the trick—no connection with the "mongrels" over the way. Their vainglorious boastings, their trumpetry, petty faultfindings, have driven many good men in disgust from our ranks.

The grandiose pose of the *soi-disant* scientific homœopath, as he looks down upon the high-potency men, is charming. Dr. C. M. is not a scientific man; he believes in dynamisation! Moreover, he spends his precious time at symptom-hunting and potency-making, and Dr. Scientiate informs his friends confidentially that Dr. C. M. has no stethoscope, no ophthalmoscope, no reagents, no test-tubes, and that he does not even know the meaning of the words "pathology" and "diagnosis." All that the unscientific high-potency man knows is that the symptom is over the left and greatly aggravated when the lunar rays are reflected at an angle of forty-five degrees by a mass of Nix.

We enter our earnest protest against these intolerant schismatics, and put in a plea for a little more catholicity in our ranks.

The low-potency man may be an ignoramus or a man of science, just the same as the highest transcendentalist; and a physician may never go below the CM.'s and eternally

boast of his fealty to the Master, and yet be no Hahnemannian at all.

The basis of Homœopathy is the law of similars—hodiernal science is beginning to admit the law; the enormous power of the high dilutions is a fact in nature—hodiernal science is still too elementary to compass it. Let us be grateful that the law is on the eve of general professional recognition, and rather than “put our shoulders to the wheel to heave over” our brethren who differ from us, let us work on faithfully side by side till we can see more light.

Belittling one another will cure nothing, and the list of the incurable is, alas! still a frightfully long one, pathies and potencies notwithstanding.

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## HOOPING-COUGH, WITH CASES.

By THOMAS SKINNER, M.D.

As a few practical remarks on this most troublesome complaint may not be unacceptable to the readers of the *Homœopathic World* at this season of the year, I offer them for what they are worth, and the more so as the complaint is now somewhat out of my peculiar line of practice.

In Brooklyn, U.S.A., a writer and physician of rare powers of observation and reflection, and a gentleman of very large experience, some years ago gave it as his opinion that *Drosera rotundifolia*, so highly extolled by Hahnemann and homœopaths generally, had failed to be of any use in his hands in the prevention, cure, or amelioration of whooping-cough.

If the physician to whom I allude does not know when to administer *Drosera* in whooping-cough, I wonder who does. There are only two possible ways of explaining this sweeping condemnation of *Drosera* in simple, uncomplicated whooping-cough, and they are as follows:—Whooping-cough being a so-called zymotic affection, and almost always epidemic in its behaviour, it will, to some extent, depend upon the type or character of the epidemic of the disease whether or not *Drosera* will be indicated; or, it may be that whooping-cough at Brooklyn is essentially different to what it is elsewhere. Our confrères in Brooklyn and the United States generally can alone decide this difficult point. The only other explanation possible is, that the *Drosera* used by this physician may have been the *Lancifolia* or an inert specimen of the *Rotundi-*

*folia*, or anything but *Drosera* or Sundew. I say so, because my experience of *Drosera* in whooping-cough has been extremely satisfactory when selected, as it and all other medicines ought to be, because of its corresponding better than any other medicine to the totality of the symptoms of the patient. By way of illustration I shall select three experiences, and they are remarkably interesting experiences.

In the spring of 1876, shortly before I visited America to be present at "The World's Homœopathic Convention" and the annual meeting of "The American Institute of Homœopathy," I attended, in conjunction with Dr. Hayward, of Liverpool, a young American girl, from the neighbourhood of New York; whether she belonged specially to Long Island or Manhattan Island deponent knoweth not. Immediately upon her arrival in Liverpool she was seized with scarlet fever of a very severe type, and as soon as she seemed to be convalescing from the fever she was attacked with something very like acute hepatitis from a premature airing in a large and draughty passage. Lastly, she was seized with unmistakable whooping-cough. The cough came in paroxysms, was worse after midnight, attended with very severe gagging, and frequently vomiting of the contents of her stomach, or of a recent meal. *Drosera* 4 every four hours very soon put an end to the cough, as if by "magic," and left not a trace behind. If there is a keynote to *Drosera* in whooping-cough it is the gagging, with paroxysmal cough, worse after midnight, with or without vomiting of a recent meal from the severity of the cough.

In the spring of 1877 I was consulted by one of the first families in Liverpool regarding a young boy who, the parents told me, had been suffering from whooping-cough for six weeks, and was getting the longer the worse under an old-school physician, with his dilute nitric acid, syrup, embrocations, and inhalations.

I directed that the boy, who was eight years of age, or nearly so, should be as much in the open air with his nurse as possible, and limited to simple, unstimulating food, soups, milk-and-bread, eggs, and farinaceous puddings, and *Drosera* 4 every four hours till better. Within two days the cough was greatly less frequent and severe. The nurse was then directed to give a globule after each paroxysm. In a few days more, and certainly within a week, the cough was non est. On the part of the family this was their first experience of *similia*, and it made a very powerful impression; in so

much so, they had another son a few years older, and who had been suffering from hooping-cough, so *they* told me, for the last three and a half months. As this boy got very much the longer the worse, their old-school physician prescribed the usual *dernier ressort*, the general refuge of the destitute in therapeutics of any school of medicine—change of air; so he was sent to the South of England, but without the slightest change for the better. The parents having witnessed the remarkable cure of their youngest son, they telegraphed for the eldest to return home at once.

I have strong suspicions that there was no small amount of jealousy at work on the part of the old family physician, who did not believe that the cure could be justly attributable to any medicine on earth. Whoever pulled the wires I do not pretend to say, but certain it is that I was not consulted when the lad returned home; but at the suggestion of some kindly disposed person, it was determined to put this lad on the same medicine as cured the other, namely, *Drosera* 4, of which they had plenty left and to spare. If, they reasoned, *Drosera* cured one case of hooping-cough, it ought to cure all or most cases of the disease. *Drosera* 4 was given, but it fell like so much water on a duck's back. "Homœopathy is a swindle!" says the mother of the lad. "No; not so fast," says the father; "we shall hear what Dr. S. has to say before we condemn that which certainly seemed to cure our youngest son." So I was sent for to see the lad, who was indeed a terrible sufferer from genuine hooping-cough. I was told that *Drosera* 4 had been given without the slightest effect. On inquiring as to the conditions of the cough and the "grand characteristics," I found that he had been prescribed riding exercise on a pony, but on going quickly through the air when riding fast, the cough would come upon him so badly, and the expectoration so difficult to dislodge, that he had always to get off the pony at the commencement and hold on by the pommel of the saddle until the paroxysm was past. The father informed me that he was called by the nurse to his son's bedside last night—the night before my visit—because she was sure that the boy "would suffocate." This was at 4 a.m. The father found his son "black in the face, and evidently suffocating." He at once opened his mouth and saw a mass at the back of his son's throat. He laid hold of it with his fingers and thumb, and drew out a piece of *tough tenacious mucus, nearly a yard long*, affording his son immediate and great relief.

The diagnosis of the remedy was as simple as it was effectual. *Kali Bich.* 30 (F.C.) every four hours for two days, and, after great relief and modification was obtained, night and morning. In less than a week, as in the *Drosera* case, all trace of the affection, whatever it was, was gone for good. I made no change in his diet or hygiene, except that I stopped his riding.

The best is still to be told. I called on the family a week after the last cure to inquire for them, and to bid the lady adieu for the present, and will it be believed that she coolly addressed me and said, "Dr. Skinner, we fully acknowledge that you have done our children a great deal of good, *but it could not have been whooping-cough, because you cured them!*" Good heavens! What was it if it was not whooping-cough? Who said it was whooping-cough but themselves and their nurse, and their own old family physician? "What next? and next?"

In the month of August, 1882, three children belonging to my gardener at Beckenham were seized with whooping-cough. It commenced with the eldest, then the next, and so on, sparing, as is not unusual, the baby at the breast. I shall first dispose of the two youngest. The mother, seeing the good following *Drosera* 30 (F.C.) in the eldest, gave it to the two younger ones, but without effect. They had a *constant craving for acids and for acid fruits*, which clearly pointed to *Verat.-Alb.* They each got the 200th every four hours, and in about three days they were quite free from cough, and have remained perfectly well ever since. The case of the eldest girl being extremely interesting and instructive, I shall give it with full details.

August 27th, 1882.—The girl is and had been suffering for some weeks from whooping-cough with blood-red urine, and the physician who had been in attendance, and belonging to the old-school, informed the parents that he did not like the look of the case on account of the "kidney affection." The cough comes in paroxysms or fits all day, but *always worse after midnight*. Expectoration yellow at each fit, and accompanied with *gagging*. One remarkable symptom was always present, namely, blood-red urine, which, when examined under the microscope, revealed loads of red blood-corpuscles, and when boiled coagulated freely, becoming a semi-solid. *Drosera* was well indicated so far as the cough was concerned, but the pathogenesis says nothing about blood or albumen in the urine. I believe it will still

be found that hæmaturia is capable of being induced by *Drosera*, because it removed it at once in this case, and my reason for giving the *Drosera* and expecting a favourable result is as follows:—

When angling for trout one day with my gamekeeper on the banks of a Highland loch, I came upon a lot of beautiful plants of the sundew. We were taking our luncheon, and I told him of its virtues in the coughs of consumption and of hooping-cough, to which he added, "Well, sir, it is a very clever and useful little plant that, for I have seen women in the country gather it when fresh and make a tea of it, and give it to milch cows which were making *blood-red water*, a complaint from which they frequently die, and that little plant *stops the blood and cures the beasts*." If any substance really cures a disease single-handed, and that, too, frequently and almost invariably, it must be capable of inducing it in a healthy person. This must be so, if there is any truth in the law of *similia similibus curentur*.

On the 27th August, 1882, I gave the girl *Drosera* 500 (F.C.) every four hours.

September 2nd.—Cough much better, especially after midnight, and the hæmaturia is gone. Sleeps at night, which has been absent until now. She is sick, and vomits every morning, and has a great craving for acids and acid fruits. The *Drosera* was changed to *Verat.-Alb.* 1m (F.C.).

October 12th.—Sickness and thirst for acids better, but the cough is a little more troublesome during the night. Return to *Drosera* 500 (F.C.) thrice a day.

October 15th.—The weather is exceedingly changeable, and all her symptoms have returned with redoubled force, and accompanied with utter prostration. Something new had to be learnt about the case. It turns out that she cannot stand or use her left leg, and that when the complaint began she had lost the use of her right arm. The right arm recovered, but the left leg has been steadily getting worse. I knew nothing of all this loss of power, this *semi-paralysis of the right upper and left lower extremities*. Add to the above that she *hugs the fire, must be wrapped up warmly*, that she craves large quantities of *cold water from the tap—must have it cold*—and that the blood-red albuminous urine had returned, I now saw my way clearly to *Arsenicum*. She received a dose of *Arsenicum* 200 (F.C.) every four hours on the 18th October; then thrice a day on the 19th, because of prompt improvement. On the 20th she got no more

medicine, and ever since she has been free from cough, perfectly well, and has been to school every day, the power of her limbs being quite restored. At this date she is as healthy and strong a child as her parents could desire.

London, January 25, 1883.

## GLEANINGS FROM THE FIELD.

By WILLIAM BRADSHAW, M. D.

BEFORE I begin my cases I wish to make a few remarks. I know the errors I committed myself, and I wish to warn our younger practitioners from falling into the same. It is important that we ponder over the remedy before we give it, so that we have not to change the medicine often, for instead of doing that, we had better vary the dilution, as the constant change of medicines is both injurious to the poor patients and perplexing to the administrator's brain.

Use only *one* medicine at a time, and avoid alternation as much as possible, for I now feel that nearly all my alternations were mistakes, and this will hold good in most cases.

I consider that we give our medicines too frequently, and it is good plan to alternate with S.P.V. or S.L. Of course, the dose must ever remain an open question.

I know full well that we come from our schools of medicine imagining ourselves brimful of knowledge, and ready to tackle and cure any form of disease, and we are too apt to look on our seniors' therapeutics as obsolete and unscientific. The cases I send you were nearly all treated with *low* dilutions. I have not given them *in extenso*, because they would take up too much space in your valuable paper. I have copied them nearly *verbatim* from my rough notes.

### *Threatened Apoplexy.*

22,000.—Mrs. —, æt. 45, married and children; incipient apoplexy (?). November 3rd, 1870. Stout, looks very florid and congested, had much headache and vertigo since catamenia left her six months ago, and then had much loss; often feels as if she was half-drunk; weak, flabby heart, eyes congested, cleanish tongue, pulse dragging; eats and sleeps well, and takes her beer twice a-day. This I advised her to leave off. *Pil. Bell.* (3), 4 *in die*.

12th, 20th, 30th.—Improving. Continued. She now told



me that several times she had made her husband strike a light to see if her head had not got larger, as she felt it as big as *four* heads; she could not believe that it was not swelled. Did I think the wind had blown it out? for she thought it was like blowing a bladder out. She had several attacks during the last three or four months; gave her *Pil. Bovista* (6), 4 *in die*. She took this for three weeks, and seemed well. I saw her more than a year after, and she had no return of the symptoms.

### Cough.

17,887.—T. H., æt. 7. December 10th. Nearly died of typhoid fever five months ago; looks ill; very much cough, keeps him awake nearly all the night; must have had some pneumonic congestion; left lung wrong, quick pulse, thick, ropy expectoration, very white tongue, bad appetite. *Pil. Ant. Tart.* 6, 4 *in die*. The case looked bad, but the lad got quite well, and kept so. He took the *Ant.-T.* regularly for three months. He began to improve during the first week, so I never changed the medicine.

### Phthisis.

23,941.—E. A., æt. 23, married. Incipient phthisis. October 20th. Looks very ill and thin, coughs much. She had been under medical treatment at hospital; pulse quick; tongue very coated; pain under both clavicles; neither of her lungs good, right the worst, and crepitous; catamenia regular. Gave her *Pil. Bry.* (3), 4 *in die*. This was an interesting case; I did not think she could recover. She took steadily *Pil. Bry.* 3, 6, 12 to the 30th of January, and I then discharged her quite well.

### Indigestion.

13,158.—H. H., æt. 45, single. September 11th. Been ill nine months under her medical man. Always pain in epigastrium after the smallest portion of food; pulse extremely weak, tongue very loaded; bad appetite; slight show of catamenia two weeks ago; bowels confined; lungs acting badly, particularly the left; looks very thin, ill, and sallow. Her medico diagnosed ulceration of the stomach. *Pil. Puls.* (6), 4 *in die*. She took *Pil. Puls.* 6, 12, 30, *ter die*, regularly until the end of December. I discharged her quite cured, and she returned to factory work and kept well. Was this a case of *morbus medicinæ*? She had been well dosed.

*Dyspepsia.*

11,707.—J. P., æt. 18. *Morbus medicinæ* (P). Dyspepsia. May 1st. Pains in back and lower extremities, very weak and low; heavy cardiac beating; tongue loaded; no appetite; bowels confined; looks very ill; seems to have been over-worked and over-dosed, having been under his club medico five months. *Pil. Puls.* 3, *ter die*. *Puls.* 3, 6, 12 quite cured him in two months.

*Eczema capitis.*

21,069.—E. M., æt. 4. (I used to call it Porrigo.) Feb. 21st. Had for some time a nasty, moist, irritable, eczematous eruption on head, and cervical glands much swollen and painful; delicate child, but eats well. *Pil. Viola. tric.* (6), 4 *in die*. This she took for three months, and got quite well.

*Valvular Disease.*

15,190.—S. F., single, æt. 38. Valvular disease of heart. Looks pale, ill, and weak; very nervous and good for nothing; weak, dragging pulse, 60; had rheumatic fever very badly six years ago, leaving much heart disease; tongue loaded; chest feels very full and tight; very short of breath on exertion. She took *Pil. Cactus* 6, 3, for two months regularly, and was wonderfully improved by it, and able to resume work.

*Phthisis.*

28,368.—L. H., æt. 14. Phthisis, incipient. States been ill three months with inflammation of the lungs, and came to me as soon as he could get out; looks ill, face anasarctous and anæmic; dry cough very teasing; quick, weak pulse, 112; tongue red; harsh, irregular respiration over left lung, and some consolidation. *Pil. Bry.* 3. Saw him again in a fortnight; about the same; continue. He took regularly *Bry.* 3, 6, 12 for more than four months, and got quite well.

*Psoriasis palmaris.*

17,728.—E. F., æt. 22. Psoriasis palmaris. Been under much treatment for a nasty, dry, psoric eruption on back of hands; had it six years; seems well in health. *Pil. Petroleum* 6 and occasional *Pil. Plac.* She was quite cured in four months.

(To be continued.)

## LONDON HOMŒOPATHIC HOSPITAL AND THE THALIANS.

THE "Thalian" Company have again rendered good service to this institution by a singularly successful and well-sustained dramatic performance. The annual dramatic performances in aid of the Hospital are something more than amateur dramatic entertainments. In the first place there is nothing of the incompetence of the "amateur" about the actors of this company; and, in the next place, the gatherings at St. George's Hall have more of the nature of *réunions* of the friends and supporters of the Hospital than of the playgoing audience. Very pleasant it is to look round and recognise the faces of men foremost in the homœopathic ranks of the profession, who by personal endeavour and advocacy among their patients have done much in the establishing and development of the Hospital, and to see others who have brought the resources of their rank or of their wealth to aid in the general cause. Among those present at St. George's Hall on the 18th of last month were many who have contributed most handsomely to the various funds organised by the indefatigable official manager for the improvement of the position and capacities of the Hospital in Great Ormond Street. After the previous performances of the "Thaliens," it is unnecessary to say that the performance was an intellectual pleasure to those who witnessed it, the acting of Mrs. Conyers d'Arcy, Miss Lucy Roche, Miss Ivan Bristow, Captain Conyers d'Arcy, and Mr. Douglas Fourdrinier being entirely "professional" in completeness, taste, and ability. In "Old Soldiers," the play of the evening, the qualities of these ladies and gentlemen were displayed admirably, Mrs. Conyers d'Arcy playing "Kate McTavish" most effectively, and Captain Conyers d'Arcy acting "Lionel Leveret," the easy-natured, generous, self-indulgent young man of wealth and leisure, to perfection. His old servant, "Cassidy," was played by Mr. Douglas Fourdrinier with a naturalness and pathos which captivated the audience from the first. Miss Lucy Roche was an efficient "Mrs. Major Moss," and Miss Ivan Bristow an attractive "Mary Moss." The earlier piece, "Withered Leaves," though tolerably acted, was not received with enthusiasm, and perhaps a farce instead of a comedietta would have gone better in a programme which comprised such a comedy as formed the principal play.

Mr. A. Dean again arranged an amateur band, which did its duty well. The large hall was filled, the applause was hearty, and Mr. Chambre announced amidst cheers that the proceeds would amount to one hundred pounds.—*Communicated.*

[To this *communiqué* we would add that, as usual, Mr. Chambre, the official manager of the Hospital, was the life and soul of the whole affair, and that if every homœopath in this country did his duty with Mr. Chambre's energy and enthusiasm, Homœopathy would be a mighty factor in the van of modern medicine in lieu of lagging behind in holes and corners.—ED. H. W.]

## CHOREA.

By C. RANSFORD, M.D., F.R.C.P., L.R.C.S.

At length we have a monograph upon this troublesome affection,<sup>1</sup> which is more common than is generally supposed. Dr. Sturge, the author, has given a valuable epitome, and his experience has been large and varied—there is no need of a description, for it describes itself. That it is essentially a functional, not an organic, disease is pretty generally conceded.

Complications with affections of the heart and rheumatism render it a formidable affection, although, like its closely-allied relative, hysteria, it is not necessarily fatal when uncomplicated. To discuss the pathology of chorea is not my object. Neither your space nor the patience of your numerous readers would admit of it. Happily, fatal cases of chorea are rare. I have never had one, but the fear of cerebral disorder and attendant mental weakness is great, and naturally causes solicitude. My first case after I had begun to practise homœopathically was a girl, ten years of age, who attended at the dispensary in York. She was of a very delicate constitution, and had been affected with St. Vitus's dance for six months. The disease came on after an attack of smallpox. Her legs and arms were in perpetual motion, with constant twitching of the muscles of the face. *Cuprum Metallicum* 6, in doses of three globules night and morning, cured her in three months.

<sup>1</sup> On Chorea and other Allied Movement Disorders of Early Life. By Octavius Sturge, M.D., Physician to the Westminster Hospital.

A severe case was under my care in 1872; this was likewise a girl who had been the subject of acute rheumatism, treated by a Welsh allopathic surgeon. She suffered so much from chorea and also palpitation, attended with great debility, that the surgeon, having done his best, proposed to take her to town for further advice. Her grandfather saw her, invited her with her parents to his house at Wood Green, and sent for me. She was by no means a promising patient, but her grandfather, being an intelligent homeopathist and a friend, I undertook the case willingly and with confidence. Her condition was this—tall for her age, thin, complexion white, face puffed, œdematous, pulse quick and irregular, could not go upstairs slowly without losing breath, appetite *nil*—she had had, of course, plenty of purgatives and *Digitalis*—beating of heart tumultuous, pulse feeble but accelerated and irregular, slight cough, mitral murmur, jactitations such as are usually seen in chorea. The child's state clearly indicated *Arsenicum*, which I ordered and continued with alternations of *Pulsatilla*, which the state of her digestive organs likewise indicated. Absolute rest and abstinence from all stimulants, which the Welsh surgeon warmly advocated, and which I as earnestly forbade. A manifest improvement took place in three months, and her health was restored in six months. The symptoms of chorea disappeared along with the heart symptoms. I cannot help believing that the use of stimulants in this case was most improper. What other delicacies besides these the surgeon had administered I know not. *Cuprum* was not required in this case, but the last case which I shall narrate affords unmistakable evidence of its value. A boy, about seven years of age (his parents, being low, ignorant Irish people, did not know), was brought in a wheelbarrow to my dispensary; he could not stand; his face was large, puffy, with an idiotic look; unable to walk on account of the constant jactitation of his limbs, the only way in which his keepers could bring him to me was by wheeling him in the barrow. Persons who saw him thought him possessed with an evil spirit, so fearful was his appearance. Not only were his arms, hands, and legs in constant motion, but his head and eyes rolled about, he not trying to control the jactitation. His keepers told me that they could not remain long in York, and wished me to give a medical certificate of his condition. Without due reflection I did so, and from that moment saw no more of him. I was vexed,

because under *Cuprum* he had in a week shown symptoms of improvement. Some months afterwards I learned that he was seen, under the care of his guardians (?), levying contributions from the charitable, his sad appearance, together with my medical certificate, proving their reason for having withdrawn him from medical treatment was the fear lest a profitable source of income might be stopped by his cure. Let this be a warning about giving certificates to Irish paupers, by whom I acknowledge myself outwitted. Dr. Sturge's treatise on chorea is worth studying as a scientific medical production ; it is one which will command attention and respect from the large number of cases, from the collection of authenticated examples in the practice of others, but the cure (!). Dr. Sturge has a very slight belief, if any, in the influence of drugs upon the disease. We think that in the cases which we have narrated in this brief communication, there exists sufficient evidence of the efficacy of *Cuprum Metallicum*, the pathogenesis of which we recommend to him and other sceptics of Homœopathy. It is worth while to read the doctor's observations and opinions respecting the irregular action of the heart and the complications of disturbed intellect, also the question of the association of rheumatism with chorea.

2, Grosvenor Place, Lansdowne, Bournemouth,  
January, 1883.

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## PARALYSIS OF PORTIO DURA—RAPID CURE.

By Dr. HARMAR SMITH.

ON July 9th, 1880, I visited Mrs. V——, Ramsgate, a lady of about forty years of age, of nervous temperament, and found her suffering from the following symptoms. Five days ago she sat out of doors in the evening, and on the next day began to suffer from paralysis of the muscles of the left side of the face ; complete paralysis of the left eyelid, so that the eye remains uncovered unless the lid is pulled down with the fingers. Is able to masticate on the affected side, but cannot get rid of the food from between the cheek and teeth and jaws, except by the aid of the tongue and fingers, proving that it is the hard or motor portion of the seventh nerve that is affected, and that the motor portion of the fifth nerve, supplying the masseter and temporal muscles,

retains its power. Left side of face motionless and without expression, as if it were that of a dead person. Mouth drawn to right side on smiling or blowing. In the latter movement the breath issues from the left corner of the mouth.

Left side of face a little swollen, as well as posterior segment of the parotid gland. General health pretty good. Has had singing in the ears and vertigo more or less for several weeks.

To take one drop of tincture of *Belladonna* 1x every two hours.

July 13th.—No improvement.

Omit the *Belladonna* and take tincture of *Ignatia*  $\phi$ , one drop every two or three hours for two days, and if then no improvement *Causticum* 3 instead.

16th.—A decided improvement. Less distortion of the features on speaking or smiling, has recovered some power over left eyelid.

Omitted to mention that she has suffered from neuralgia on left side of face. This still continues. Has taken the *Causticum* since yesterday, but as the improvement had taken place under the *Ignatia*, requested her to discontinue the *Causticum* and to return to the *Ignatia*.

July 20th.—The palsy quite gone, can close left eye, and no distortion of cheek on blowing.

Continue the *Ignatia* three or four times a day.

27th.—No return of the paralytic symptoms, still occasional neuralgic pains on left side and feeling of weakness in left eyelid.

Discharged cured.

December 12th, 1882.—I have frequently seen this lady since the above, but she has not had any return of this or any other disease.

Ramsgate, December 12th, 1882.

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A MARE'S NEST.—The Russian *Official Messenger* publishes a decision of the Medical Council of St. Petersburg condemning the homœopathic remedy for diphtheria, which has lately been tried in the hospitals of the Red Cross Society, as false and dangerous.—*The Globe*, Jan. 5th.

## PROGRAMME OF A PRIZE ON THE PREVENTION OF BLINDNESS.

THE fifth International Congress of Hygiene, which will meet at The Hague, Holland, in 1884, will award the prize of 2,000 francs (£80 sterling), offered by the London Society for the Prevention of Blindness to the author of the best essay, written in English, French, German, or Italian, on "*The Causes of Blindness, and the practical means for preventing it.*"

Besides this prize, the International Society for the Improvement of the Condition of the Blind reserves to itself the right to award a second prize of 1,000 francs (£40 sterling), or two prizes of 500 francs (£20 sterling) each, and a silver gilt medal with a diploma, should it see fit, to such of the essays as should, in the opinion of the international jury for the principal prize, be deserving of it. The last-mentioned prizes will be distributed at the centenary festival of the first blind institution, founded by Haüy, which will take place in Paris in 1884.

The fourth International Congress of Hygiene, which met at Geneva in September, 1882, has adopted for this competition the following programme, as prepared by the London Society for the Prevention of Blindness:—

### 1. *The study of the causes of blindness.*

- (a) Hereditary causes. Diseases of parents; consanguineous intermarriages.
- (b) Infantile eye diseases. Various inflammations of the eyes.
- (c) School period and time of apprenticeship, progressive shortsightedness, etc.
- (d) General diseases. Diatheses; various fevers. Chronic poisoning, etc.
- (e) Trade influences. Wounds and accidents, etc. Sympathetic ophthalmia.
- (f) Social and climacteric influences. Contagious ophthalmias. Unhealthy habitations; defective lighting, etc.
- (g) Neglect of treatment and bad treatment of eye affections.

### 2. *The study of practical preventive means.*

- (a) Legislative means.
- (b) Hygienic and professional means.
- (c) Educational means.
- (d) Medical and philanthropic means.



The international jury, elected by the Geneva Congress for the purpose of judging the essays, consists of—Holland: Dr. Snellen, Professor of Ophthalmology, Utrecht. Germany: Dr. Varrentrapp, Frankfort; Dr. H. Cohn, Professor of Ophthalmology, Breslau. France: Dr. Fieuzal, Physician to the Hospice des Quinze-Vingts, Paris; Dr. Layet, Professor of Hygiene, Bordeaux. Italy: Dr. Reymond, Professor of Ophthalmology, Turin; Dr. Sormani, Professor of Hygiene, Pavia. England: Mr. Streatfield, Professor of Ophthalmology, University College, London; Dr. Roth, honorary secretary and treasurer (*pro tem.*) of the Society for the Prevention of Blindness, London. Switzerland: Dr. Dufour, of the Ophthalmic Hospital, Lausanne; Dr. Appia, Geneva; Dr. Haltenhoff, Lecturer on Ophthalmology, Geneva, and secretary to the jury. Dr. Appia and Dr. Varrentrapp having resigned, the jury completed its number by electing Dr. Coursserant, oculist, Paris, and Dr. Berlin, Professor of Ophthalmology, Stuttgart.

Those essays to which prizes have been awarded will become the property of the Society for the Prevention of Blindness and of the International Society for the Amelioration of the Condition of the Blind, who will be at liberty to publish them in whole or in part in several languages, in order to make them useful in the way they consider best.

The (inedited) manuscripts for competition are to be sent to the undersigned secretary not later than the 21st March, 1884. Every manuscript has to be distinguished by a motto, which is also to be written on a sealed envelope containing the name, Christian name, titles, and address of the author. The envelopes will not be opened until after the award of the jury.

DR. HALTENHOFF, Secretary to the Jury.

Geneva, 30th November, 1882.

P.S.—Newspapers are requested kindly to give publicity to the above.

We may add that Dr. Roth, of Wimpole Street, would be happy to give any further information.

ON THE USE OF CHLORAL HYDRATE IN  
LETHARGIC SOMNOLENCY.

By J. C. BURNETT, M.D.

THOSE who have watched *old* chloral-eaters may have noticed that they slowly get lethargic, somnolent, and listless. Towards the end of the chapter of chronic chloralism there is a condition of fatty degeneration of a slow lazy type, and the very mode of death seems peculiar. I have seen a case where the subject of chronic chloralism lay for days a-dying; she was for several days so that it was very difficult to determine whether she was dead or not.

Occasionally one comes across a remarkable case of somnolence, and then the narcotics are to be thought of by the therapist.

I will shortly relate two such cases from my own practice.

No. 1. A lady of about forty-five, stout, fresh-looking, and the mother of a family, was the subject of remark of her friends on account of her lethargy and sleepiness. Her weakness was such that even crossing the street was almost impossible; the weakness was peculiarly lethargic, a kind of listless heaviness. She was almost constantly asleep; she would get up in the morning after a good night's rest, and even while dressing she seemed compelled to sit down, and no sooner seated but she would fall asleep. This state of things went on for weeks and months, and her allopathic adviser did his best in vain. After she came under my care I tried first *Arnica*, and then *Opium*, with but indifferent success, when all at once I bethought me of the great similarity of the case before me to that of a confirmed old chloral-eater of my *clientèle*.

Chloral in a low dilution cured my patient, and she again became brisk, active, and wideawake.

No. 2. An elderly lady came under my care on April 21st, 1881, for lethargy, languor, and somnolence.

R. Trit. 2x *Chloral Hydrat.* ziv.

To take six grains in water every three hours.

May 7. Under this date I find these notes in my case-book. "Feels a different creature; vastly improved; less lethargic, and decidedly less languid."

She then got the third decimal trituration in lieu of the second, and only two doses a day, and then needed no further treatment, as she subsequently informed me when calling with her husband.

Perhaps some of my colleagues have had similar experience of the use of the great sleep-giver to cure sleepiness.

It is a standing marvel to me how it is that Homœopathy does not carry conviction to people's minds.

London, December 30, 1882.

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## GRAPHITES: SOME CASES IN ITS FAVOUR.

By E. B. SHULDHAM, M.D., M.A. Oxon.

HERE is a medicine with somewhat of a limited range of action, but when *Graphites* is used with judgment, neither patient nor prescriber has much cause for complaint.

It has enjoyed a well-earned reputation for the relief of chronic skin affections, but the key-note of "skin ulcerating on the least provocation" should always be kept in mind by the prescriber.

Some years ago I had a very striking instance of this key-note being clinically verified.

A young man of about sixteen years of age was brought to me by his father during the Christmas vacation. The patient appeared to be in excellent health, and his father almost apologised for troubling me for so slight an affection as the following—namely, eczema behind one ear. The lobe of the ear was also affected; there was burning and itching of the skin, without much discharge. But the skin was apt to crack and ulcerate, and this cracking of the skin caused the chief annoyance, especially when there was exposure to cold air. There was no other prominent symptom. I really had nothing to catch hold of but this red, angry-looking ear lobe, with fissures behind it and round it.

So *Graphites*, 3rd trituration, was prescribed, and in a week's time the fissures had all healed up, and the ear only looked a little hot and dry.

I gave some more powders of the same strength, and heard from the father some weeks afterwards that the skin was in perfectly healthy condition.

The trouble had lasted some six weeks before the *Graphites* was taken. I used no external application, and made no change in the patient's diet.

The next case of *Graphites* in skin irritation is actually under treatment, but the results already obtained are quite remarkable enough to be noted.

The patient is a young man of twenty years of age, the son of a confectioner in Putney. He had suffered from psoriasis of both hands, affecting the thumb, forefinger, and middle finger. The skin was fissured in many parts, and the cracks were very painful. The nails were quite furrowed. There was great irritation of the skin in cold weather and when the hands were exposed to the open air. The patient was in the habit of handling large quantities of sugar used in his father's business, and the psoriasis was much aggravated by this strict attention to business.

In other respects the patient enjoyed very good health.

I prescribed *Graphites* 6x trit., and *Calendulated Vaseline* as a local application. I also advised the patient to keep out of the way of the sugar as much as possible.

After a week's treatment I saw the hands, and there was a marvellous change in them for the better. The fissures had all healed, and there was very little skin irritation left.

Undoubtedly *Graphites* could not be credited with all the glory of this improvement, for *Vaseline* had been used as an accessory. But as the patient had been for months under treatment at a London skin hospital, and ointments had been used locally without any good results, we must attribute to *Graphites* three-fourths of the improvement; the remaining fourth may be claimed by the *Vaseline*.

My patient had taken bottlefuls of old-school physic, but the only impression they had made was on a healthy structure, the mucous membrane of the bowels.

One more notch in favour of *Graphites*, and I shall have finished. This last notch has been cut by the Grand Master of our Lodge, no less a personage than Samuel Hahnemann. Some years ago, when I was living at Croydon, I made the acquaintance of one of the earliest advocates of our cause. One evening I had the pleasure of dining at his house, and before dinner he showed me a letter and a prescription of Hahnemann's. In the prescription I read *Graphites* 12. Naturally I asked what trouble this medicine had put to rights, for I felt quite sure that it had put something to rights.

The reply was, "Obstinate constipation, and it was the first medicine which has relieved me of this condition."

This patient of Hahnemann's was a hale old man of eighty years of age, and in his case there was a tendency to dryness of the skin as well as the obstinate constipation which *Graphites* had so happily relieved. This gentleman told me

that he often passed a week without getting any action of the bowels before following Hahnemann's prescription.

Here, then, *Graphites* 12, in globules, had defeated a whole regiment of pills and potions, a heretic curing where the high priests of orthodoxy could only palliate.

Well might Hahnemann's patients say on their death-beds, in paraphrase, "*Te morituri salutant Hahnemann.*" 'Tis only the ungrateful who die and make no sign.

5, West Street, Finsbury Circus, E.C.

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### CURARE POISON.

"This village (Esmeralda) is the most celebrated spot on the Orinoco for the manufacture of the curare, a very active poison employed in war and in the chase, as well as a remedy for gastric obstructions. Erroneous ideas had been entertained of this substance; but our travellers had an opportunity of seeing it prepared. When they arrived at Esmeralda most of the Indians had just finished an excursion to gather juvias or the fruit of the *bertholletia*, and the liana which yields the curare. Their return was celebrated by a festival, which lasted several days, during which they were in a state of intoxication. One less drunk than the rest was employed in preparing the poison. He was the chemist of the place, and boasted of his skill, extolling the composition as superior to anything that could be made in Europe. The liana which yields it is named *bejuco*, and appeared to be of the *Strychnos* family. The branches are scraped with a knife, and the bark that comes off is bruised and reduced to very thin filaments on the stone employed for grinding cassava. A cold infusion is prepared by pouring water on this fibrous mass in a funnel made of a plantain-leaf rolled up in the form of a cone, and placed in another somewhat stronger made of palm-leaves, the whole supported by a slight framework. A yellowish fluid filters through the apparatus. It is the venomous liquor, which, however, acquires strength only when concentrated by evaporation in a large earthen pot. To give it consistence it is mixed with a glutinous vegetable juice, obtained from a tree named *kiracaguera*. At the moment when this addition is made to the fluid, now kept in a state of ebullition, the whole blackens and coagulates into a substance resembling tar or thick syrup.

The curare may be tasted without danger, for, like the venom of serpents, it only acts when introduced directly into the blood, and the Indians consider it as an excellent stomachic. It is universally employed by them in hunting, the tips of their arrows being covered with it; and the usual mode of killing domestic fowls is to scratch the skin with one of these infected weapons. Other species of vegetable poison are manufactured in various parts of Guiana."

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## NOTES BY THE WAY.

By DR. USSHER.

### Iritis.

AFTER a third perusal of the last London Congress papers and minutes, with some reflection thereon, I wish to contribute my stone to the cairn, a little addition it may be to the general stock of knowledge. When remedies fail in some hands and succeed in others, either the attending circumstances or the mode of using the remedy is different. If the remedy in its crude state *could* effect what it does in its potentised form, then dose would be a useless question. It is not our preferences that decide these things, but our experience. Here is an illustration of what I mean. A young woman has a troublesome eczema on the knuckles of both hands, the vesicles burst again and again, and small ulcers surround the larger ones. This is always a key-note to *Phosphorus* with me and others, provided the constitutional symptoms agree therewith. The young woman is very pallid, menstruation scanty, and her sister, who is three years married, has neither in the single or married state performed that function. For this statement I have her mother's authority. I prescribed *Phos.* 3x, and later on 30, with some relief—one step forward, two back, until I began to think my clue *was* defective. I then gave her *Phos.* 12, one pilule three times daily, and in less than a week every speck was gone, and has kept so. The monthly irregularity is lessening. You may deny if you please the virtue of the twelves, their particular virtue, or you may consider it exceptional; but when I find friend Ransford's *Baryta Carb.* 12 doing for me, what on further experience the 200 or 6x trit. *have not done*, I am thankful for these particular instances of the magic of numbers; and there are many more—e.g., *Nux*

12 in the *pain* of piles. It may be asked, Would you use them in iritis? Yes, and a very good opportunity to test their value, none better. The previous drug medication may make a difference in favour of lower potencies than one would otherwise use; the action of the system seems blunted. But the reverse is true. I have seen again and again the high re-plough the whole field as if it ignored what John Ploughman had been doing. We fall back on experience, our own and others', notwithstanding all that has been said and unsaid. Why, if any man thirty years ago had advocated *Jaborandi* versus *Belladonna*, scorn would have laid him low. Now men are alive with observation; they see all the spots on the sun, and take to what is common sense without an appeal to anybody. *Think for yourself and act* is the motto of the day. The old treatment of iritis was part and parcel of the ancient way of using Syphilis—Salivation by inunction and mouth; the prescription, as sure as the sun rose, *Calomel* and *Opium*, or bluest of pills, did their best and worst, sometimes the former, oftener the latter; for the lesser evil, the iritis, was only temporarily checked, sometimes to reappear, and in a system mineralised attested the assiduity with which orders were obeyed. *Belladonna* was always employed whether there was adherent pupil or not; it was soothing, and prevented mercury working its wicked will on the unfortunates who were under its power. Of course the innocent allopath knew it not. I assume that these cases were mostly syphilitic. It was noteworthy that in many of them the iris did not regain its colour, and only part of its contractile power. A good magnifying glass soon proved this—unalterable degeneration of tissue had set in. I have seen many adhesions give way by the persistent use of *Belladonna* (about a grain of the extract to the ounce of water) when the disease was apparently arrested, and sometimes they gave way when the surgeon's attentions had ceased. The most was made of them, pecuniarily and otherwise; in fact, when once they showed, it was a case of "the Philistines be upon thee, Samson." *Cupping* was another *certainty*; the usages of the day, and not yet extinct, the drug list of large firms and of instrument makers is witness, and there are other witnesses. In spite of all this, in one catalogue before me our medicines are noted as if they were always a part of their list, but the thieves won't filch our doses and experience. Nothing would give them greater delight than to burn our books and count their value; it

would be no sign of reformation. Their own rubbish, issued by the London firms, is often worth only the butterman's use. Cupping then and purging were sure; the good that they were anything but universal, as I can testify, and the repetition depletes the pockets as well as the veins of the sufferer, and leaves him most likely a salivated, sleepless, helpless weakling, a blister added to his torture, sometimes on the temple, behind the ear, or both, dressed afterwards with an albespeyers plaister, which was *Cantharides*, and all the while the drug was acting homœopathically. *Savin* ointment added to the savage treatment, and, to wind up, there was a month's course of *Bark*, with or without corrosive sublimate.

Had *Aconite* at this era been used, great would have been the results; but there was a dread of the drug. The allopaths of the day would have thought dilutions beneath them; anything that approached the name of Homœopathy was to be abhorred; they strained at the gnat and swallowed the camel. The discussion that came out in the Congress on the use of *Atropine* was a practical one. Its employment is due to two things, it saves the trouble and the unsightliness of the old *Belladonna*. Gelatine discs have made mischief easy. Its prolonged action compared with *Belladonna* was one of my reasons for *disusing it*, as well as the violence of action from uncertain strength; not that *Belladonna* is harmless, as the following case will prove.

I made a successful extraction of cataract in allopathic days, when some inflammation and posterior synechia added to my annoyance, and, like more meddling fools, I dilated the pupil by the application of *Belladonna* (liniment of the British Pharmacopœia) to the temple. When next I viewed it you may imagine my horror; I found the iris sent from the top to the bottom—my beautiful result gone. It reminds me of a picture in *Punch* of an Irish tourist driven on an outside car in dangerous proximity to the sea. The tourist was about to drive, when the driver exclaimed, "Don't touch thim reins, they be as rotten as tinder, and we shall go into the say!" It is nothing but the old story of mind your own business, and let Mother Nature drive.

The treatment of iritis resolves itself into this, that excellent results, undreamed of in old days, are got from few medicines sagaciously employed. I have not learned yet to trust a Repertory, not even the "Cypher," in these cases, where so much has to be done well, quickly, and surely.



The old objection of the armour unproved comes in here, and success distances all arguments. One Repertory I know makes you itch like a bear with a sore head, its medicines in endless brackets are more likely to give you iritis than the help to cure it. Trusty medicines, like trusty blades, must be often used, and I like none better than *Aconite* 1st or 2nd decimal. For a fitting consort, *Bell.* 2x or 3x, and they make a handsome couple, showing most to advantage, as in the quadrille, in and out, up and down. *Sulphur*, like a well-esteemed friend, better known, better loved, trusty and truthful, more than one can say for some of those who put an infinitesimal fine point upon him, as if he always walked on his toes, with heels out of the slippers. Hoynes gives a good picture of the slovenly *Sulphur* patient, but if the remedy be so-called it is a case of genius in rags. *Atropine* once helped me to a brilliant cure, given internally. Here were several adhesions in the right pupil, fearful pain, photophobia, constant lachrymation, sleeplessness, and excessive nervousness. *Aconite* and *Belladonna* seemed just in place; the man was florid, but as *Bell.* had failed me, and things were going to a worse state, I thought of *Atropine*, and gave it in the 3rd centesimal. It produced vertigo and headache, the inflamed and puckered iris broke from its moorings, and all got rapidly well. He was a dispensary patient, but in addition to what he had paid he put a sovereign on the table as an expression of German gratitude for his restored sight. One would be thankful for an oftener display of grateful thanks. Nothing but warm water was used locally. And now I note another case with a very unlooked-for result—double syphilitic iritis. There was a flat denial of venereal disease, and an equally emphatic copper-coloured eruption on the thighs; synechiæ, two in one eye, one in the other, and fast closing pupil. In this case the relation of *Kali-Bich.* to syphilis came into my mind, and without any local application whatever the bands gave way, and a fairly good vision resulted. He can undertake work as a vaccination officer's clerk, and the sight improves. In the *Atropine* case I was led to it by the great nervousness and violent pains, unrelieved by *Belladonna*. On one point experience agrees—viz., that *Mercurius* is often called for, and that salivation is never demanded. It is stated that ptialism is never produced by infinitesimal doses. I have seen its occurrence in a person saturated with mercury, just as *Sulphur*, under like conditions, was made patent to the nose of the sufferer, or as

he put it, the sheets stank of it. Very unsightly is the old plan of smearing the brow with *Bell.*, the constant application of a weak lotion answers all the purpose; indeed, for that matter, a plaster of the extract might answer as well. Applied to the spine I have seen it dilate the pupil.

In looking over the special medicines emphasised by each speaker, we find, as in every branch of medicine, that real workers get at the ore. *Terebinthina* is passed over in—silence. Hughes names it in his "Pharmacodynamics" in connection with rheumatic iritis. It was at one time largely used in Dublin by Dr. Carmichael; perhaps our friend thought that as it was misused it would be an act of *turp-itude* to refer to it. The eye symptoms of it are not many, yet one is marked (see Allen); there is contracted pupil. Its influence on the cerebral circulation is well known to some of us. When I see one of those pale faces, with large veins on the forehead, it makes me think of *Tereb.* Our allopathic brethren (I will not say friends) use a remedy with success, when we find the cure depends on the fitting-in of our law, they apply it without discrimination, and failure is followed by disease: this is the history of a host of drugs. We who have used *Aconite* largely and steadily have abundant reason to be satisfied with it. Moderate light is no disadvantage in the treatment of disease, and the application of heat by bran in bags, salt in bags, or cotton, is very grateful. Dr. Bushrod James esteems *Arsenicum* highly as an anti-exudative medicine; and for a brick-red persistent state of the conjunctiva, in my hands it has done good service.

The constitutional symptoms, when relied on, are sure to benefit. The local preference leads me to the *Iodide*, as in the syphilitic it does to the *Biniiodide* of *Mercury*, to which I believe the tainted system replies better. *Clematis* becomes highly valuable in those who have been mercurialised. The hints about *Petroleum* and *Arg.-Nit.* are well worth treasuring up. The power of the latter in cases of purulent ophthalmia in children makes clear to me that we get the power of the medicine without the painful eye-dropping. In these infantile cases the 6th centesimal was used by me. For the serous iritis *Gelsemium* is recommended as almost specific. I think, with all humility, I may match it with *Apis*, another forgotten drug. In decemetitis it has no peer. Rheumatic iritis has not come much in my way, but the *salicylate of Soda* is a valuable acquisition, and I note with great

pleasure how Dr. Cooper points out the co-relation of ear and eye; nor have I read a more interesting paper than Dr. Hughes's homologues of eye and ear. Whatever he touches he illuminates. Why should we hesitate to avail ourselves of means not strictly homœopathic. Patients are grateful for the relief of pains, at least then; and I should not be deterred from employing mercurial ointment and *Opium*, gr. x of the former to gr 1 of the latter, as recorded by Dr. Hughes, if other means failed me. Think of *Cantharides*, but not as *emplastrum vesicatorum*, every medicine goes to its place. *Ruta* 3 gave relief in severe internal pain of the globe, and the 200 of the same did mitigate awful agony for a little; it was in the left eye, and the person was taking a pill on her own responsibility, called "Beecham's pills," the taste whereof I believe to be rue. In this case *Ruta* 6 so increased her pains that I had to antidote it. These Beecham's pills are largely used and valued by females; no doubt, like other things, they may rue it. On several occasions I gave her *Syphilinum*, and I am glad Dr. Foster has a word for it. Either these nosodes are great deceptions or priceless gifts to men. If the former, it is easy to prove them so. I have used some of them, and finer results I could not desire. From Dr. Skinner I had some of *Syphilinum*, and I consider it as precious as gold. To write hard things against Hahnemannians is to my thinking dismissing them as a set of fools. I say of Dr. Skinner that he will hit you harder than you like, my fine fellows; he is a straightforward, honourable man, and his word is as clear as his judgment. I do not go along with him in many things, but I hate to hear an honest man traduced. Dr. Berridge has at least done one good thing—he cured him. I have no present personal knowledge of Dr. Skinner, but I thank him on many occasions for the use of his brains, kindly given and and most signally useful. He contributes to the *North American Journal of Homœopathy*, and I shall take the journal for the pleasure of learning something from men who think differently from most of us. Their diligence is worthy of imitation. In the distressing photophobia which accompanies iritis two medicines suggest themselves to me, one of which I owe to Dr. Cooper—*Scroph. Nodosa* in the first decimal; and another is *Conium*, given in the 1st or 2nd dec. I fear I must dissent with Dr. McClelland that *Hepar* does not control suppuration. In wounds of the cornea (traumatic iritis), *Hepar*, followed by *Conium*, may lead him to another conclusion. This hint I got

from Dr. Knox Shaw, senior, of Hastings, and it is a tip of value. I thought when I went through these Congress notes that there was a great deal of value in it. We may despise alternation of remedies. Dr. Martigny's paper is, after all, both reasonable and readable, and his experience is by no means to be rejected. One would wish the occasion of meeting were oftener without abuse of the opposite sides.

Wandsworth, Dec. 1st, 1882.

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### CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

(4) *Sulphur in Hæmorrhoids*.—November 23rd, 1871, Mrs. D., æt. 30, consulted me. She had been subject to piles for four or five years; two years ago they were bad for three days. Was confined seven weeks ago, and piles have been worse since; very bad for the last month. At first they were external, but now internal. During and after stool there is throbbing, burning, and smarting in piles, with shooting upwards which catches the breath; also dull aching in coccyx and sacrum, extending round sides of pelvis; all this lasts for six or seven hours after stool. Stool once in from two to four days, otherwise natural. The pain makes her feel faint, trembling, sick, inclined to move about, hot, and as if she would lose her senses; the pain at anus is better when standing than when lying. Has taken, by the advice of a *professed* homœopathic physician *Acon.*, *Nux* 3, and *Sulph.* 3, but without relief.

*Diagnosis of the remedy*.—Bœnninghausen's *Repertory* gives "Shooting in rectum affecting the breath, *Sulph.*" This I took as the keynote or starting-point, and finding that it corresponded fairly with the other symptoms of the case, I gave one dose of CM (Fincke).

November 29th. Piles gone; pain much better, lasting only two hours after stool; still costive; pain was bad yesterday, but better all the other days; much less weakness, trembling, heat, and feeling of losing senses; shooting does not catch the breath so much.

April 10th, 1872.—Reported that she perfectly recovered within a week, and has remained so. In 1874 I saw her again, and she had had no return of the symptoms, though she had had another child.

*Comments.*—(1) The value of keynotes or characteristics is here shown. A keynote is not a symptom on which we prescribe without reference to the rest; but it is a symptom so characteristic of the remedy that we almost always find the remaining symptoms of the case covered by it; hence a knowledge of keynotes saves much trouble in the selection. If, however, we do not find the remaining symptoms covered by the remedy which has the supposed keynote, we must then decide which group is the most important. A characteristic sometimes consists not of a single symptom, but of a group of symptoms.

(2) The superiority of the high over the low potencies is also shown, as *Sulph. CM.* cured after *Sulph. 3* had failed. The case also shows that Fincke's fluxion potencies are not low potencies, as some have ignorantly or maliciously asserted; else how could they cure after *bona-fide* low potencies had failed?

(3) On the sixth day of the action of the dose the pains, which had been relieved, became severe again. This form of aggravation almost always occurs from time to time in the treatment of a chronic case; the remedy should never be changed, nor the dose repeated, under these circumstances, unless the aggravation continues, when the case must be studied afresh, especial search being made for new symptoms. Usually a new medicine is indicated by these new symptoms, but it sometimes happens that the same remedy is again indicated. In the latter event it usually acts better when repeated in a different potency, or in a different degree of repetition.

48, Sussex Gardens, Hyde Park, W.

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## DEATH OF DR. RINO.

DR. PEDRO RINO y Hurtado, one of the most eminent of our medical reformers in Spain, died on December 15th, 1882, full of years and honour. He was noted for his great industry, being very like C. Hering in this respect. Some idea of his powers of work may be gathered from the fact that he began anew to edit a homoeopathic journal (the second series of the *Archivos*) at the age of seventy-one!

His mantle falls upon a very worthy successor—Dr. Nogué Roca.

## PROFOUND DEAFNESS FROM ACCIDENT:

A CASE THAT ILLUSTRATES THE POWER OF HIGH DILUTIONS.

By ROBERT T. COOPER, A.M., M.D., Physician Diseases of the Ear,  
London Homœopathic Hospital.

BEYOND question, whatever may be said against specialism in medicine, it has this great advantage, that it enables the physician to pronounce more authoritatively upon the practicability of curing certain forms of disease than would be possible for those not in everyday contact with similar groups of cases. For this reason the homœopathic specialist is very favourably placed for making trial of the comparative effects of low and of high dilutions. He deals with one form of disease, and has ample opportunity of observing to what extent these particular affections are acted upon by the various preparations of our many remedies; hence he is able to make comparisons that under other circumstances would be impossible. In the month of February, 1882, I was consulted about a poor girl, aged twenty, who was absolutely deaf; so much so, that it was impossible to hold any conversation with her, and the only history I could get was that four years ago she had had a very severe blow on the side (left) of her head with the handle of a windlass, and that since then she had become gradually deaf, until now she was unable to hear anything.

The appearances of the membranes indicated a very hopeless form of deafness; the left ear was discharging and the membrane perforated, while the membrane of the right ear looked thickened, of a fleshy colour, and sunken in, and lying, apparently, against the promontory.

There was no hearing in either ear for a watch placed in firm contact against the auricle, and the vibrations of the tuning-fork could only barely be recognised.

The whole history and aspect of the case was grave in the extreme, and I explained to the lady accompanying her the hopeless nature of the case, adding that the only circumstance in her favour was her age, and that, being young, it would be only right to afford her the slender chance there was of improving her hearing by treatment.

This opinion was based upon the fact that the deafness resulting from severe injury to the head, is invariably a very obstinate form, especially when the injury dates long back, and when the power of hearing is so greatly diminished as in her case. In these cases the auditory nerve has lost its

function, a certain paralysis of it has occurred, and remedial means are generally powerless to restore it again to activity.

My prescription for her was *Arnica* 30, two pilules three times a day, and an ointment of 15 grs. of *Ungt.-Hydrarg.* Nit. to  $\frac{1}{2}$  oz. of *Vaseline* for the discharging ear.

On August 4th I received the following letter:—

“Dear Sir,—On 9th February last you were kind enough to examine the ears of a poor girl, named —, and you then expressed a wish to see her again in six months. — has persevered with your treatment, and has, I am glad to say, derived far more benefit than we dared hope for, as you pronounced her case almost hopeless.”

On the 18th August I took this note:—“Can hear half as well again; hears conversation now, and often can even do without a trumpet. Hears a watch slightly on the left side.”

Prescribed *Sulphur* 30, also in pilules.

On 8th November, 1882, I again saw her. The left ear had quite healed, and she could hear conversation quite well without a trumpet, and the watch was heard well at  $3\frac{1}{2}$  in. on the right, and on contact on the left side. Notwithstanding this great improvement, however, she would have it the first pilules (*Arnica* 30) had done her most good; and she volunteered the statement that while before treatment her nervousness was so great as to make it impossible to sleep in a room without a light, that now the darkness is not at all unpleasant.

She can now earn a livelihood, which, without treatment, would have been impossible.

The great lesson we learn from this case, and which one acquainted with the treatment of a very large number of cases of a similar description is in a position to testify to, is this, that it would have been impossible to have effected this change with any but a high dilution.

As for allopathic treatment, there is no allopath who could even believe in the power of medicine to effect such a change as occurred in this case.

Poor Dr. Kitto's account of his deafness, which resulted from accident, is painful in the extreme.<sup>1</sup> He thus speaks:—“Time passed on (after the accident) and I slowly recovered strength, but my deafness continued. The doctors were perplexed by it. They probed and tested my ears in various fashions. The tympanum was uninjured, and the organ

<sup>1</sup> “The Lost Senses.” By John Kitto, D.D. Lond., 1845.

seemed in every respect perfect, excepting that it would not act. Some thought that a disorganisation of the internal mechanism had been produced by the concussion; others that the auditory nerve had been paralysed.

"They poured into my tortured ears various infusions, hot and cold; they bled me, they blistered me, leeches me, physicked me; and at last they put a watch between my teeth, and, on finding I was unable to distinguish the ticking, they gave me up as a bad case, and left me to my fate."

And then, after describing how a seton was inserted in his neck by a subsequent adviser, he goes on to say:—"I have learned to acquiesce in it, and to mould my habits of life according to the conditions which it (the deafness) imposes; and hence have been unwilling to give footing for hopes and expectations which I feel in my heart can never be realised."

Alas! poor Dr. Kitto. Prejudice prevented your advisers from making trial of a high dilution of *Arnica*.

21, Henrietta Street, Cavendish Square, W.

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## A NEW VEGETABLE STYPTIC.

THE *Globe* tells us:—"During the French expedition to Mexico, General Martroy was informed by a native that a plant grew in his district which was largely used in the domestic surgery of the Mexicans, and he advised the General to lay in a stock of it for use in the French camp. It goes by the name of 'the blood-staunching weed'—the exact native word has not been placed on record. This plant has the property, when applied after being chewed or crushed, of almost instantly arresting the flow of blood from a wound. General Martroy brought home some specimens of this plant to France, and cultivated it in his garden at Versailles, where it has thriven excellently ever since, blossoms every year, and produces a sort of fruit. Meanwhile its transplantation to European soil has not robbed it of the quality for which it was originally recommended to its introducer. Its recognised botanical name is *Tradescantia erecta*. Although it is quite the reverse of an ornamental plant, and is not distinguished by any beauty of shape or colour in its flowers, it fully deserves, if we may trust our informant, to be widely cultivated on account of its rare medical value. The practicability of its acclimatisation is



now placed beyond all doubt. Its effect in staunching bleeding is said to surpass all means hitherto applied to this purpose, and it is in any case to be procured cheaply and easily. Experiments have been made with it in Vienna, and the *Neue Freie Presse* of that city advises its regular cultivation for medical use."

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## PEAT MOULD AS A DRESSING FOR SORES AND WOUNDS.

DR. NEUBERG has recently introduced in the clinic of Professor Esmarsch, of Kiel, a method of wound-dressing, to which he was led in the following way:—Two years ago a labourer one day appeared who had sustained a compound fracture of both bones of the forearm eight or ten days previously, with considerable laceration. He had got a comrade to surround the whole forearm at once with a thick paste of peat mould, on which was laid a rough splint of wood. When he came to the clinic he was in good general health, and on clearing off the mould the wound was found to be healing beautifully, without any sign of suppuration. A Listerian dressing was applied, and the limb better fixed, and the man made a good recovery. Dr. Neuberg was led to investigate the properties of peat mould with reference to wound-dressing, and he found that the dust resulting from the manufacture of blocks of peat with the circular saw (as carried on in Schleswig-Holstein), and which is very light in weight and in colour, has a powerful affinity for ammonia, carbonate of ammonia, and bad-smelling materials generally, and takes up nine times its own weight of water. In the infantry barracks at Brunswick it is found very useful as a deodoriser in privies. For dressing wounds Dr. Neuberg now uses two bags of gauze (one double the other in size) wrung out in carbolic solution, and filled with mould, the mould in the smaller bag containing two and a half per cent. of iodoform, that in the larger saturated with five per cent. carbolic solution. The smaller bag is placed on the wound directly after disinfection of the latter with carbolic solution, zinc chloride, or iodoform, and the larger bag is placed above, the whole being kept in place by a gauze bandage. The dressing remains on mostly a fortnight or more. Excellent results have been thus obtained, into details of which we do not here enter. The advantages claimed for the

method are these:—1. A given quantity of the mould takes up more fluid than jute, gauze, or cotton wool. If it be slightly moistened its absorbent power is increased. 2. It has great power of absorbing products of decomposition of organic substances, and hence prevents these occurring. 3. The moistened mould is a very soft, but still elastic substance, and so is easily placed in the required position in the bags before applying them to the inequalities of the body. 4. It is the cheapest of known antiseptic dressings, one-pennyworth being sufficient for one dressing, and still less if the preparation with an antiseptic be left out. 5. It makes a very suitable pad for all purposes when enclosed in gauze.

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## HÆMOPHILIA.

HÆMOPHILIA, says a contemporary, is a very learned-looking word, and, as it should do, it bespeaks a disease of which we know very little. The malady, which from time to time so unhappily incapacitates H.R.H. Prince Leopold, is one which most unprofessional people think to be due to some abnormal condition of the skin. A person who bleeds easily is said to have only one skin, in place of the proper number, which it must puzzle many to tell. It is not, however, any such malformation, but what it is is much less certain. Such persons bleed easily from not only the skin when wounded, but from the gums and mouth, and mucous membranes. They also bruise easily, and in the same way it is probable that the troubles in the joints from which they suffer are to be explained by supposing some slight injury to the synovial membrane, and a subsequent escape of fluid to the cavity of the joint. We do not know what is the malformation or disease which predisposes to such an easy escape of the blood from its proper channels. The chemical constitution of the blood has been thought by some to be at fault, the smaller blood-vessels by others; but no chemical or microscopical investigations that have been conducted as yet have been anything but contradictory, and, therefore, have been without result. One curious fact, however, has been elicited from various observations that have been made; and this is, that it is hereditary to a marked degree, and that it is transmitted along the male much oftener than along the female line.

## LITERATURE.

### WHAT TO DO, AND HOW TO DO IT.<sup>1</sup>

THIS is a new notion, and a highly commendable one too. It is a cloth card, like a wall map, on which the various accidents that may happen to children are printed in large letters, and juxtaposed are short directions, "What to Do, and How to Do It." It is intended to hang on the nursery wall, and we very cordially commend it. To have such plain, simple directions always on the wall of the nursery is in itself a comfortable thought for the anxious mother or responsible governess or nurse, for they could go about with the assurance that if anything did happen the card on the wall would be sure to be there to tell them "What to Do, and How to Do It," while the little family medicine-book might be—anywhere. There is also a space left for the addresses of the nearest doctors, in itself very important, considering that names and numbers are apt to be only confusedly remembered when something has happened to baby.

We intend hanging one of these cards up in our own nursery, and we recommend other anxious parents to do the same, and to join us in thanking Messrs. James Epps for such an excellent shilling's-worth of comfort.

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### BRITISH HOMŒOPATHIC PHARMACOPŒIA.<sup>2</sup>

THIS handsome volume of 456 pages comes to us from Messrs. E. Gould and Son, as the official publishers of the British Homœopathic Society, for review. Many of our readers will know that the second edition had long been out of print, and hence the British Homœopathic Society has been well advised in bringing out a new edition. The homœopathic *Materia Medica* is now so vast that the pharmaceutical chemists cannot possibly keep a stock of even half of the remedies. Hence the imperativeness of some official compilation, comprising the chief remedies of our *armamentarium*, so that physicians and chemists may have something

<sup>1</sup> What to Do, and How to Do It. Nursery Card. James Epps and Co., Threadneedle Street.

<sup>2</sup> British Homœopathic Pharmacopœia. Published under the direction of the British Homœopathic Society. Third Edition. 1882. London: For the British Homœopathic Society, by E. Gould and Son.

to refer to as authoritative, and the latter as a guide at hand when needed in their pharmacies or laboratories.

Having had a very small share in its preparation, we can vouch for the great pains that have been taken with the more practical part by Mr. Wyborn, while the fact that Dr. Drury edits it, and that Dr. Richard Hughes has been the active coadjutor of Dr. Drury in its preparation, guarantees its soundness from the literary side; and we may therefore fitly congratulate our body on the appearance of the third edition of the "British Homœopathic Pharmacopœia."

Dr. Drury is the responsible editor appointed by the British Homœopathic Society, and he has performed his task well, as those of our readers interested in the matter may see for themselves by getting the work and studying it.

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## CORRESPONDENCE.

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[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### MEMORIAL TO THE LATE DR. BAYES.

DEAR SIR,—Will you do me the favour of making known through the medium of your valuable and widely circulated journal, that in consequence of its having been suggested to me by several influential friends of the late and much lamented Dr. Bayes, that a memorial should be got up to perpetuate the memory of one who for so many years laboured in the vineyard of Homœopathy, in the form of endowing a ward or beds in the Homœopathic Hospital in Great Ormond Street, London, to be called Bayes Ward or Bayes Beds, I have undertaken the carrying out of these suggestions, and enter on the work as a labour of love, the late Dr. Bayes having been my oldest medical friend? I could wish this duty had fallen into more able hands, for whilst I am truly alive to the fact of its being a most laudable and excellent cause, and conscious though I am of my inability to do justice to it, I enter on the work with a great feeling of timidity, and so must rely on my friends and colleagues to afford me all the assistance and support in their

power. I am also alive to the fact that amongst such a large body of homœopaths now existing, it is highly probable my appeal may come under the notice of some who, from various causes, may not entertain sufficient regard for our departed friend to put their hands into their pockets. To such, if they exist, I would say, consider the object, always bearing in mind the fact that by all pulling together we shall be enabled to confer an everlasting blessing and comfort on a good number of our poor and needy fellow-creatures, who in the hour of pain, tribulation, and sickness naturally appeal to those of us who are blessed with health and means to contribute to their wants and the alleviation of their sufferings. I shall be very pleased to receive and acknowledge subscriptions.

Your obedient servant,

HENRY BELCHER.

12, Pavilion Parade, Brighton.

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#### APPEAL BY LORD EBURY.

SIR,—Will you kindly give a place in your next issue of the *World* to the enclosed copy of a letter addressed to the *Times* and other daily journals, besides certain weekly papers, by our Chairman, Lord Ebury, and Treasurer, Major Vaughan Morgan?

It should appear in issues of to-morrow.

Yours truly,

ALAN E. CHAMBRE,

Official Manager.

London Homœopathic Hospital,  
Great Ormond Street, Bloomsbury,  
January 5, 1883.

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Sir,—At this season we should like, with your permission, to ask public attention to a special effort which is being made at the London Homœopathic Hospital to extend the present arrangements of the Hospital for supplying trained nurses to nurse invalids at their residences. This branch of the hospital work has now been in operation for many years, and so thoroughly and carefully trained are the nurses so employed, that they have secured the highest encomiums of physicians both of the homœopathic and allopathic schools of medicine, and notwithstanding that considerable additions have been

made to the nursing staff, the supply is very far from being equal to the demand. They are sent to nurse private patients at a scale of fees calculated to leave a margin of profit, which is expended in the maintenance of the sick poor in the hospital wards.

There can be no question of the importance of highly-trained nurses. That is universally recognised, and the Board of Management think that they are acting in the interests of the public generally, no less than in those of the Hospital, on whose behalf we now address you, by continuing to increase the Nursing Institute attached thereto. But to this end it is necessary that the Hospital shall be enlarged, and it fortunately happens that some adjoining premises—the property of the Hospital—are available, provided that sufficient funds are forthcoming to meet the outlay absolutely necessary to adapt them for the purpose in hand. We now venture, through your columns, to appeal not only to the generous friends and supporters of the Hospital, but to all who will be influenced by the fact that respectable and deserving young women are thereby assured an honourable employment and a comfortable home, to contribute towards the estimated cost of £1,000, of which one half has already been contributed by the Board of Management of the Hospital and their friends. In other words, we appeal to the generous sympathy of all charitably disposed persons.

We are, Sir,

Your obedient servants,

EBURY,

Chairman of the Board of Management.

WM. VAUGHAN MORGAN,

Treasurer.

London Homœopathic Hospital,  
Great Ormond Street, Bloomsbury,  
5th January, 1883.

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### ACCURACY AT A DISCOUNT.

DEAR EDITOR,—The only reply which I deem it necessary to make to Dr. Wilde's onslaught upon me is to state the following *facts*, leaving your readers to comment on them.

(1) Dr. W. says of me, "He then says that I maintain 'that Homœopathy fails to relieve very urgent symptoms.' I said nothing of the kind. My words are, 'Allopathy is a

method of *palliating* such symptoms until Homœopathy can be applied.'"

Here Dr. W. quotes his own words most inaccurately.

If he sees no difference between saying in November, 1882, "Allopathy is indispensable to medical practice, etc.," and in January, 1883, "Allopathy is a method of palliating, etc.," I am sorry for him. I reassert that if Dr. W. holds that Allopathy is an *indispensable* method of palliating very urgent symptoms, he must logically admit that he deems Homœopathy to be insufficient for that purpose.

Dr. W. now says the cases he referred to as requiring Allopathic palliation are "either incurable ones, as malignant disease, or certain obscure cases attended by extreme suffering, where the simile is difficult to discover at once, or in cases of mechanical obstruction of bowels with impacted fœces, etc." As for incurable malignant cases, there is sufficient rebutting evidence in the January number of the *Homœopathic World* to render it unnecessary that I should further reply. As for cases where it is difficult to discover the simile at once, will that process be rendered any easier by complicating the case with drug-poisoning and drug-reaction? And as for mechanical obstruction of the bowels with impacted fœces, has he forgotten the case of an old gentleman whom he sent to me about a dozen years ago suffering from obstruction *with fœcal vomiting*, whom I so far relieved with pure Hahnemannian treatment that he rose from his sick-bed and was able to walk out of doors, eventually dying of dropsy?

(2) Dr. W. argues that the pathological method of selecting the remedy is *not* shown to be fallacious by his failing to cure the case in question, because he might not "happen to choose the right remedy out of several pathological similars." That is just the point; a pathological similarity is vague, and can only lead to a group of medicines, out of which the *simillimum* has to be selected. This method has been vaunted by a professed teacher of "Homœopathy" as the *ne plus ultra* of scientific therapeutics; but to my mind it resembles nothing so much as the conduct of the Irishman who enlisted in the 30th Regiment in order to be near his brother who was in the 31st. I prefer, with HAHNEMANN, to select the *simillimum* at once, and I *always* find the *simillimum* relieve; if no relief follows after my selected remedy has been fairly tried I study the case again. and invariably I find that through the fallibility of human nature I have not given a *simillimum*, but only a *simile*.

(3) Dr. W. calls it "disingenuous" because I asserted that there was a flat contradiction in his words of to-day and of twenty years ago. He says, "I do not see that one statement at all contradicts the other. A man may believe in the necessity of allopathic measures occasionally, and yet believe in the efficacy of the 200th dilution." I never denied it; never said that Dr. W. did not now believe in the efficacy of the 200th dilution.

I simply quoted as flat contradictions his two statements that we are "*always* wrong when we depart from the rules which our great master HAHNEMANN has prescribed for us," and that "Allopathy is *indispensable* to medical practice." We cannot resort to Allopathy without departing from HAHNEMANN, and if we are "*always* wrong" in doing the latter, the former cannot be "*indispensable*," and *vice versa*. Dr. W. says, "I am not ashamed to confess that I hold more liberal views now than I did twenty years ago, and I am wise enough to believe that Homœopathy has advanced in that time." Homœopathy has doubtless advanced, but it is in the direction that HAHNEMANN pointed out, and not by the adoption of Allopathic measures which he, after careful trial, rejected as insufficient and often dangerous. "Liberal views," forsooth! What is the use of talking about "liberality" when a LAW OF NATURE is concerned? Did the planets of our solar system ever become "liberal," instead of obeying the LAW of gravitation, chaos would soon ensue. But if Dr. W. is not satisfied with Homœopathy why does he continue to call himself a Homœopath? It is a strange phenomenon that so many who years ago confessed themselves Homœopaths, and still retain the title, do all they can to let every one know that they don't fully accept Homœopathy, but have "liberal views" on the subject. This also resembles the conduct of another military Irishman who enlisted in the army in order to save up enough money to purchase his discharge! The alteration of 1863 to 1869 was not, as Dr. W. suggests, to make his "opinions seem more inconsistent," but was one of "the devices of the (printer's) devil," whom I evidently did not sufficiently exorcise when proof-reading. Further, Dr. W. now unwarrantably minimises the force of his former words when he says that in that early paper "I express my belief in a 200th dilution." His words really were that he regarded it "as of the *greatest efficacy*." I have no doubt the readers of the *Homœopathic World* would be pleased to hear *why*



Dr. W. has changed his views. Will he not favour us with some illustrative cases? General assertions are of but little value.

(4) With regard to the alleged non-action of *Ipecac.* on the eye I am glad to find that Dr. W. now acknowledges his error. Why he did not do so when first pointed out in *The Organon*, 1879, p. 369, I do not know. However, he tries to wriggle out of the difficulty by accusing me of deliberate misrepresentation. He says, "He then quotes a proving in Allen's *Mat. Med.* showing that the drug produces severe symptoms on the eye, but Dr. B. *knows very well* [*italics my own*] that work was not published till years after I wrote those words, and consequently I could not have seen the quotation." Of course I do not know when he "*wrote* those words," and perhaps he intends a quibble on the word "*wrote*;" but I did "*know very well*" that the second edition of his "*Homœopathy Explained*," from which the above passage was quoted, was published in 1877, and that it was in the beginning of that year, and not "*years after*," that the fifth volume of the *Encyclopædia*, containing the pathogenesis of *Ipec.*, was published; this very volume being advertised as "*now ready*" on the cover of Dr. W.'s pamphlet! Moreover this proving from which I have quoted appeared translated in the *British Journal of Homœopathy* as early as January, 1870, or *seven years before the date of this second edition of Dr. W.'s pamphlet, and four years before the first*. Besides which, HAHNEMANN himself gives (according to the *Encyclopædia*) *seven eye symptoms of Ipec.*; and Boenninghausen, in his *Pocket Book*, translated by Hempel in 1847, or *thirty years before Dr. W.'s pamphlet*, places *Ipec.* in the second rank under "*Dilated pupils*." Dr. W. seems to feel aggrieved at the tone of my letter. He has no one but himself to thank for it. Had he simply asked for counsel in a difficult case such would have been readily given by all who had any to offer, but since he thought fit to sneer at us—"your pure Hahnemannian may, if he pleases, keep his patient suffering for hours, etc."—he need not be surprised if he gets what Mrs. Malaprop would call "*a Rolling for his Gulliver*."

Thus far Dr. Wilde, but I would further crave a short space for a scientific discussion of the action of *Ipec.* with the worthy Editor. The latter says that *Ipec.* has no "*preponderating affinity*" for the eye; and that the symptoms in question "*may be, and probably are, merely local*." Dr.

Imbert-Gourbeyre seems to me to hold a contrary view. He says (p. 12): "*Action of Ipec. on the Eyes.*—In a physiological point of view this action is remarkable, as the following will prove," and then follows this case, with some others. Further on he says of this proving, "This particular affection of the eye ought to be ascribed to the special action of that drug;" and after quoting the symptoms in Hahnemannian order, he adds, "Such are the physiological facts which demonstrate the elective action of *Ipec.* on the nerves." Observe the words "elective action." But the most conclusive proof of the genuine nature of these symptoms, as a veritable specific effect of *Ipec.*, and not from mere local irritation, is found on p. 18, where he quotes a brilliant cure of choroiditis, in which *Ipec.* was selected *according to the symptoms of this very proving.* There are other cases quoted, and in my opinion they show that *Ipec.* has a marked action on the eye, though not so great as that of some other medicines, as for example *Belladonna.*

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

[Still it does seem to us that if the elective action of *Ipec.* on the eye were at all notable, its eye symptoms would be very numerous in view of its use in large doses for centuries.—ED. H. W.]

#### DR. BODMAN ON THE PREVENTION OF DEFORMITY IN THE INFANT BY MATERNAL MEDICATION.

DEAR MR. EDITOR,—As I am indebted to you for the suggestion for preventing cases of suspected malformations in children by treating the mother during her pregnancy, I send you the following case as a small contribution to the subject in question.

Mrs. E., aged forty, a slightly-built woman of a weakly constitution, is the mother of seven children, five of whom are living, two having died from the effects of bad hare-lip and cleft palate, preventing their taking proper nourishment.

Her first two children are healthy. No. 3 was born September 5th, 1874, with the deformity in an extreme degree. It died from inanition in May of the following year. While carrying this child she suffered almost the whole time from

much nausea and vomiting, and a severe shaking cough; the cough making her feel at times as if she would be choked, and causing great straining of the abdominal muscles.

No. 4 was born with only a slight mark on the upper lip, and was otherwise healthy. She is still living. While pregnant with this child the vomiting and cough were more or less trying during the first three or four months.

With No. 5 the only deformity was unnatural arching of the palate, causing her to be backward in learning to talk, which she still does indistinctly; apart from this she is in good health. During the first three months of the time while she was in the family way with this child she suffered severely from the vomiting and cough, and was so much reduced that it became necessary for her to be brought into town to have constant medical attention, which she could not have at home, as she lived some distance away.

I treated her for these symptoms, which were relieved, so that she passed the rest of her pregnancy in fair health and comfort, giving birth at full time to a child which, with the exception of the hollow mouth, was otherwise healthy.

The sixth child was born in May, 1880, and was very badly deformed, having complete cleft palate and hare-lip. It died in April of the following year from the effects of the malformation, preventing its being properly fed. During the period of her pregnancy with this child the cough was troublesome, though less trying than it had been on some previous occasions. But the vomiting was unusually distressing, and continued all through the time.

After the death of this child, having read your paper on the subject in the *Homœopathic Word*, I told the mother that in the event of her becoming pregnant again she should come to me for treatment with a view to preventing the defect in her infant. Accordingly she came to the dispensary just before Christmas, 1881, having become pregnant about two months for the seventh time. She was then complaining of much nausea and vomiting, with burning sensation in stomach after eating, depression of spirits, and a hard, shaking cough.

I at once prescribed trit. *Calc.-Phos.* 3x, gr. i. t.d., which she continued taking up to within a fortnight of her confinement at the end of the following July. I also treated the general symptoms, giving *Nux V.* 3x, *Actea* 1x, *Ipecac.* 1x, and *Gelsem.* 2x, at different times, according as they were demanded by the general condition of the patient. These

medicines were taken alternately with the *Calc.-Phos.*, which was continued persistently all through. At the proper time she gave birth to her seventh child, which was quite healthy, showing *no sign of the malformation*. She says that she enjoyed better health during this pregnancy, and recovered from her confinement better than at previous times.

Now, the question raised in my mind in connection with this case is, as to how much the vomiting and cough may have been concerned in causing the deformity existing in the infants, and whether the health of this last child is to be accounted for by the relief of these symptoms through the medicines prescribed with this object; or, on the other hand, if it is to be wholly ascribed to the action of the *Calc.-Phos.* in improving the nutrition of the osseous system in the child. With a view to elucidate this point, it will be well, in future cases, to record all the prominent symptoms occurring during pregnancy, and likewise the special treatment adopted.

It will be a great achievement if, by the collation of a number of well-reported cases, we can support the success already gained in the treatment of this class of congenital deformities. It will serve to demonstrate the power of medicines, given in very minute doses, to affect the nutrition of the body so as to prevent or cure disease.

F. H. BODMAN, M.D.

27, Long Street, Devizes, January, 1883.

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### DANGERS OF MOTHER TINCTURES.

DEAR SIR,—I would ask you to point to what I consider a great evil, which I thought was dealt with under the Poisons Act—the sale of mother tinctures to the public. A lady came to me in great trepidation the other day, after having given to her *infant* very much more than she intended of a medicine. I found that her medicine case contained mother tinctures, as supplied by a city firm, and had the medicine been *Aconite* or *Belladonna* she would have had to regret much, as far as her babe was concerned. The mischief is not confined to dosing, it may end in children swallowing the contents of bottles, as I have known them to do. Locks are not sufficient. Take up some trade lists, and the doses recommended would astound Hahnemann. They may well call the attention of city gentlemen to them, and are well enough for hard-brained young fellows

who are not satisfied unless they taste their physic. You have it in the West End as well, but the tendency is to *supplant the attenuation with the crude*, and as a consequence they *fail*, where the sages of the past have succeeded. If these strong doses are unnecessary, and they are, they must be wicked. During the past year, 1882—I say it with deep thankfulness—*no child patient* of mine has died, and but eight adults. I can scarcely desire better, but the result is *not* due to *poisonous doses*.

Yours faithfully,  
H. USSHER.

1, Lansdowne Terrace, East Hill, Wandsworth,  
January 9, 1883.

[We have often urged that the indiscriminate sale to laymen of the lowest attenuations, or matrix substances, of our poisonous remedies is a scandal, and we thank Dr. Ussher for again calling attention to this source of danger.—  
ED. H. W.]

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#### MR. HEATH ON PLANT GATHERING.

DEAR SIR,—It is a custom with many homœopathic chemists, when requiring some of our *uncommon* medicines, to write to Germany for them; they seem to have an idea that everything comes from Germany or can be got there. A great many of these medicines are made from plants that are purely English, and the German chemists, I think, must wonder why we send to them, knowing that we cannot verify the *preparation* as we can the *plant*. How much better a ramble in the country, on a fine summer day, would be (combining pleasure with profit) to look for some of the plants wanted. I will give you an idea of what may be found at Boxhill, in a few hours' ramble, of plants mentioned in homœopathic literature and often needed. Starting from Box Station, and within a hundred yards, in the roadway, may be found abundance of the greater celandine (*Chelidonium majus*); following the lane to the foot of Boxhill, and ascending the steep part, may be seen any quantity of the pretty little eyebright (*Euphrasia officinalis*), also the vervain (*Verbena officinalis*). On every hand you see trees of the evergreen box (*Buxus sempervirens*), from which the hill probably takes its name. "The hand of man" has had little to do here with this shrub, and it would meet the

requirements of one of your correspondents a short time since, who believes it is essentially necessary for the well-being of plants that such a fatality should not befall them, even to touching the seed. Here is a field for him. He would also find here another self-sown treasure, the old-fashioned yew (*Taxus baccata*), and if he should go to see this paradise, let me advise him, if he eats the luscious berries of the yew, to avoid the seeds, which are very poisonous. Here also is the "traveller's joy" (*Clematis vitalba*); man had nothing to do with sowing this, consequently it would be a double joy to our friend. On the top of the hill are woods of some extent, and I would advise a compass and careful bearings being taken before entering, especially if you have to catch a train and time is short. In this wood may be found *Potentilla tormentilla*, the bitter-sweet (*Solanum dulcamara*), and in profusion, by way of variety, numerous members of the *Rubus* family, commonly called blackberries (not a homœopathic medicine), but which "the hand of man" is very fond of touching; also the ground ivy (*Nepeta glechoma*), the common bugle (*Ajuga reptans*), the wild strawberry (*Fragaria vesca*), the wood sorrel (*Oxalis acetosella*), this last abundant; here also in damp places is the water-pepper (*Polygonum hydropiper*), sometimes called *Persicaria urens*, easily known by its drooping racemes and biting taste; also the wood avens (*Geum urbanum*), the wood betony (*Betonica officinalis*), St. John's wort (*Hypericum perforatum*). Returning to Leatherhead Station by the way of Mickleham and the River Mole, at the foot of the hill (incline side) by the roadside, herb Robert (*Geranium Robertianum*), dog mercury (*Mercurialis perennis*), *Ilex aquifolium*, *Plantago major*, *Convolvulus arvensis*, *Tussilago farfara*, *Plantago lanceolata*, *Hedera helix*. Just as you enter Norbury Park from the village of Mickleham is a farmhouse where you may get the finest glass of raw cream (*lac floratum*) you ever tasted, that is if you are not too late in the day; and the air of this lovely "Valley of the Mole" will be much better as a digestive than *Pulsatilla*. I remember once taking a friend there, and the way his eyes sparkled when he looked at me over his glass gave me the impression that it was too strong for him; it certainly was more than milk, but he was not a baby. However, he got home safely. Here is the lesser nettle (*Urtica urens*), a good quantity; *Scrophularia nodosa* on the banks of the Mole; the burdock (*Arctium Lappa*);

in a sheltered copse near the railway is a splendid spindle-tree (*Euonymus Europæus*), at this time (autumn) covered with its clusters of beautiful red coral-like berries; close by is the common red-berried English bryony (*Bryonia dioica*); by the river is abundance of tansy (*Tanacetum vulgare*); meadow-sweet (*Spirea ulmaria*), a very sweet-smelling flower, but making a tincture of most overpowering odour; here also I found this year for the first time the rather rare parasitical plant *Cuscuta Europæa*, growing on *urtica dioica*. As you leave the park for Leatherhead Station are some nice lindentrees (*Tilia Europea*); close to the station silver weed (*Potentilla anserina*), and abundance of *Urtica urens*. I trust this little sketch of a pleasant day may induce others to enjoy a ramble, and verify for themselves the preparations they dispense often in cases of life or death—where the right thing means life, and the waste of time in giving the wrong means death.

I am, dear Sir, yours truly,

114, Ebury Street,

ALFRED HEATH.

October 12th, 1882.

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. PROELL, NICE. — The gum-tree leaves duly received, all fresh and fragrant. Please accept our best thanks.

DR. MURRAY MOORE, AUCKLAND, NEW ZEALAND.—Very much pleased at your success. Our gratitude for your kind sympathy. Personally we are by no means satisfied that bacteria cause the tuberculosis of our patients. The slow clinical his-

tory of many such cases clearly shows, we think, that the cause is *vital*. Taken early we frequently cure such cases with dynamic medication, and we do not well see how bacilli can be killed by dynamic medicines.

DR. V. LÉON SIMON, PARIS. —We thank you very much and cordially reciprocate your kind sentiments. A happy new year.

DR. ALFRED K. HILLS, Editor of *Medical Times*, NEW YORK.—The number in question has been mailed to you. Very kind regards.

DR. GEO. LADE, WOLVERHAMPTON.—We wish you great success as the representative of Homœopathy in Wolverhampton.

DR. THEODORE KAFKA, CARLSBAD.—Many thanks; the same to you.

BOOKS AND JOURNALS  
RECEIVED.

The Guide, Vol. I., Nos. 1, 2, and 3.

The Journal of Medicine and Dosimetric Therapeutics, Dec., 1882.

The Homœopathic Physician, Vol. II., No. 12.

El Criterio Médico. Tomo XXIII., Nums. 19 y 20.

New England Medical Gazette, Vol. XXVII., No. 12.

The Calcutta Journal of Medicine, Vol. X., No. 10.

The Indian Homœopathic Review, Vol. I., No. 9.

Boericke and Tafel's Quarterly Bulletin.

The Therapeutic Gazette, No. 11.

British Journal of Homœopathy, January 1, 1883.

Medical Advance, November and December, 1882.

Boletín Clínico del Instituto Homeopático de Madrid, Nos. 11 and 12.

Archivos de la Medicina Homeopática, Tomo I., No. 21.

Revue Homœopathique Belge, No. 8.

Medical Counselor, Dec. 1, 1882.

Bulletin de la Société Médicale Homœopathique de France, No. 7.

The Clinique, No. 11.

St. Louis Clinical Review.

American Observer, Sept., 1882.

American Homœopath, Dec., 1882.

Allgemeine Homœopathische Zeitung.

Night and Day.

The Monthly Homœopathic Review, Jan., 1883.

The Weekly Magazine, Chicago, Dec. 16, 1882.

Medical Tribune, No. 12.

Suprapubic Lithotomy. By Wm. Tod Helmuth, M.D. Illustrated with Eight Lithographic Plates and numerous engravings on wood. Boericke and Tafel, New York and Philadelphia, 1882.

The Hahnemannian Monthly, No. 21.

British Homœopathic Pharmacopœia. Third Edition. London: E. Gould and Sons.

Food Reform Magazine, No. 3, Vol. II.

Bibliothèque Homœopathique, No. 4 (Janvier).

New York Medical Times, January, 1883.

CORRESPONDENTS.

Communications received from Dr. Thomas, Llandudno; Dr. Ussher, Wandsworth; Dr. Léon Simon, Paris; Dr. Theodore Kafka, Carlsbad, Bohemia; Messrs. Boericke and Tafel, Philadelphia; Dr. Lloyd Tuckey, London; Dr. Skinner, London; Messrs. James Epps and Co., London; Dr. Berridge, London; R. B. Walker, Esq., Manchester; Dr. Roth, London; Dr. Bradshaw, Worthing; Dr. Alfred K. Hills, New York; Dr. Kranz, Wiesbaden; Dr. Ransford, Bournemouth; Dr. Proell, Nice; Alan E. Chambre, Esq., London Homœopathic Hospital; Dr. Cooper, London; Dr. Murray Moore, Auckland, New Zealand.



# THE HOMŒOPATHIC WORLD.

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MARCH 1, 1883.

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## IT IS COMING.

THANKS to the homœopaths of America, it is coming, and coming fast. What is coming? Equality for all duly-qualified practitioners of medicine before the law, and no special privileges for the allopathic sectarians. The following circular letter to the Honourable the Members of the Senate and House of Representatives of the United States has reached us, and we deem it a duty—notwithstanding its length—to bring it to the notice of our readers in full, as affording irrefragable proof of the righteousness and justice of our demands for fair play—for *all* schools of medicine. We homœopaths ask for no patronage, no privileges, only equality. As homœopaths we are practitioners of scientific medicine, and leaders in the van of medical progress. Our position is one of broad catholicism; narrow sectarianism we leave to the allopaths, who only hold their present position as sectarians because equal rights to others are refused. In this country, we are afraid, too many of our homœopathic practitioners have sunk into indifference about everything but collecting fees. Well, they may congratulate themselves that their works will not outlive them more than a few days. Indeed, many of our biggest collectors of fees ARE DEAD ALREADY—as dead as doornails.

They are not only dead, but have kindly buried themselves in the oblivion of their own nothingness. *Requiescant in tenebris eorum.*

How quickening and refreshing is this breeze from across the Atlantic!

Office of the Chairman of the Committee on Legislation,  
American Institute of Homœopathy, 1706, Green  
Street, Philadelphia, January 5th, 1883.

DEAR SIR,—We take the liberty to state to you personally the object of the above-named National Medical Society (the

oldest in the United States), in presenting the accompanying petitions, from all quarters of our country. These explain themselves in the language following :—

To the Honourable the Senate and House of Representatives of the United States of America, in Congress assembled :—

The undersigned, your petitioners, respectfully represent to your honourable bodies :—

1. That the theory and practice of medicine is a matter of great importance to the army, the navy, and the civil service of the United States.

2. That at the present time, the opinions and practice of physicians of equal learning, ability, and honesty, differ so widely as to divide them into sects, such as those commonly called allopathic and homœopathic.

3. That one of these sects, calling itself “regular,” has now, and has always had absolute medical control of all departments of the Government service; thus compelling all Government employes to submit to its arbitrary choice of medical treatment.

4. That no candidate for appointment to medical service under the Government, who avowed his belief in any other system of medical practice than that called “regular,” however learned and well-qualified in other respects, has heretofore been accorded an appointment or even an examination for the same, in any Government service, except the Pension Office.

5. That such discrimination in favour of one medical system against all the others, equally high in the confidence of the people of the United States, is an evident usurpation of powers not granted to the said public servants by law, and therefore tacitly prohibited to them.

6. That your petitioners, patrons of all systems of medical practice, including the so-called “regular” itself, do earnestly pray that such unjust and injurious discrimination be hereafter prohibited by law of Congress, in some form, such as the joint resolution now before your honourable bodies, viz. : —Senate resolution (1st Session), No. 96, and House resolution, No. 259, of July 14th and 17th last, respectively; and that all *qualified* physicians be thus made *equal before the law*, in the Government service.

And your petitioners will ever pray, &c.

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The following is a copy of the "Joint Resolution" in question, introduced by unanimous consent in both Houses, *read twice*, and referred to the House Committee on the Judiciary, and Senate Committee on Civil Service and Retrenchment.

"Joint Resolution—relative to schools of medical practice in the United States, and the graduates thereof.

"Resolved by the Senate and House of Representatives of the United States of America, in Congress assembled, That it shall be a misdemeanour, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make discrimination in favour of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"Section 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

We cannot doubt, sir, that you will perceive the injustice of present customs in the medical service, nor that you will gladly aid in effecting the needed reform. We even trust that, no debate being really required, the above Joint Resolution may be speedily passed, without consuming much of the valuable time of the present session.

Objections urged by the dominant school of medical men, in and out of office, are READILY ANSWERED. The principal of these are:—

Objection 1st. "Only those educated in 'regular' colleges can pass the required examination." So states Surgeon-General Barnes, U.S. Army, for the information of the chairman of this committee.

Answer. A majority of the non-allopaths have been educated in allopathic colleges; and we ask only an equal examination with any and all other candidates; and upon this are willing to stand or fall.

Objection 2nd. "It is undesirable to introduce in the army [and other branches of the service] the practice of Homœopathy," Eclecticism, etc. So says Surgeon-General Barnes, U.S. Army, to the chairman of this committee, through the Secretary of War (April 24th and May 10th, 1882.)

Answer. It is desirable that the advantages of these methods of practice should be *added* to those of the old school. In large commands some men will profit by the one, and others, at their option, by a different system; and should be supplied with *both*. This was successfully done during the late civil war, in many regiments under State authority; for instance, in the 29th Regiment, Missouri Volunteer Infantry, and elsewhere—without clash or quarrel, and to the great benefit of the troops.

Objection 3rd. "Avowal of *adhesion* to any school but the exclusive one, the allopathic, proves that the candidate is unsuitable to be appointed, or even examined for the medical corps of the United States Government." So, in effect, says Surgeon-General Barnes, U.S. Army, to the chairman of this committee.

Answer. This objection is equal to saying that no chaplain can be eligible to the United States service, unless he swears by one particular and dominant sect. The constitution, whilst prohibiting a State theology, has not permitted that equal wrong, a State system of medicine, hence this objection may be pronounced absurd.

Besides, in the navy, which is historically committed to the same illiberal policy with the army, this discrimination is shown to be unfounded, in a letter of the Hon. Secretary to the Hon. Charles O'Neill, M.C., May 4th, 1882. In all departments, we ask—no peculiar privileges, but only "*equality before the law*," and before its ministers. And permanency requires that the *successors* of the present officers of even this department be prevented by suitable legislation from subverting, as have their predecessors, this just position.

Objection 4th. "The non-allopath would be unable to properly use the (old school) medicines provided by the Government"—(for instance, a homœopathist).

Answer. If properly examined, and passed, that would *prove his competency* to use the regular drugs of the Government supply table.

Again, added to their ordinary use, he would be able to do *still more* with the same drugs, by using them according to his own particular and careful method.

Further, he could buy additional drugs not now officially supplied, and needful for his special practice, with money derived from this so-called "Hospital Fund;" this being the monthly proceeds of the sale of unconsumed hospital rations, as now authorised by law, back to the Subsistence Depart-

ment. With this fund, hospital delicacies, etc., are now supplied, and if needed, it can be made equally useful here.

(See Circular Orders, No. 1; War Department, Surgeon-General's Office, Washington, February 8th, 1875.)

Finally, in the absence of all other provision, the surgeon can defray the small cost of such extra drugs at his own personal expense, as was easily done in the regiment above named.

It may be added that this method of prescribing is vastly less expensive than the one now employed, hence would save much money to the Government, and, as we contend, would also save many lives.

Objection 5th. "The admission of surgeons to the service, of different medical faith from those now engaged therein, would lead to the resignation of medical officers, or to discord, and even to quarrelling and disorder; or *jealousy of rank* would lead to refusal of obedience to one of a hated sect, thereby impairing the efficiency of the service."

Answer. Should common-sense prove to be so lacking, which we cannot believe, the laws governing the service, and the inexorable routine of military discipline, are omnipotent against all personal prejudices of this kind. Quarrelsome or disorderly officers, of any faith, religious or medical, succumb speedily to these forces; whilst disobedience of lawful orders brings first, practical inconveniences to the routine, speedily reacting upon the perpetrator; and dismissal from the service, followed by the substitution of better men, properly awaits the incorrigible, on either side.

During the civil war, which drew in, under State authority, surgeons in large numbers from the rejected schools of medical practice, and of which some of the members of this committee are examples, these statements and positions were practically proved in actual and successful experience. General good order, and even *warm personal friendships*, marked the association of opposite medical sects.

Objection 6th. "It is not right to jeopardise the lives and health of officers and men, by submitting them to a practice, such as Homœopathy, which is false, inefficient, and unacceptable to them."

Answer. Comparative statistics of allopathic and homœopathic practice, in the service, where disease kills more men than do the enemy's bullets—as well as in civil life, and in public institutions, prove that the latter is neither false nor inefficient, but superior in saving life and time also. Reason

and experience further prove that officers and men, like other people, "accept" that which *cures* them soonest and best. When different schools are represented, they will at least enjoy that *freedom of choice* prized by all mankind.

To illustrate our position (much as we deprecate the invidious comparisons above offered), the following statistics, since they cannot be dispensed with, are respectfully submitted, so far as may be, without comment.

The cost of hospital stores is also stated in part.

"In October, 1859, the authorities of the Michigan State Prison, taking the lead of all similar institutions in the United States, first adopted the homœopathic treatment in the prison hospital.

"Taking first, the facts for three full years under each medical system, we have the following result :—

	Average No. of In- mates per Annum.	Total No. of Deaths.	Total No. of days' labour lost.	Total Cost of Hospital Stores.
Under Allopathic treatment in 1857, 1858, and 1859 .....	435	39	23,000	\$1,678
Under Homœopathic treatment in 1860, 1861, and 1862 .....	545	20	10,000	\$900

"The improvement was obtained, notwithstanding we had to contend during the years 1861-2 with epidemics of small-pox, of which there were 32 cases; of measles, of which there were 30 cases; and of sporadic cholera, of which there were 44 cases. Many of these last were of a very severe type, but all were successfully treated and speedily cured by homœopathic doses, and without resort to any kind of 'heroic medication.'

"Taking another and later comparison, we find that in round numbers—

	Days' labour lost by sickness.	Cost of Hospital Stores.
Under Allopathic treatment, 1870 and 1871...	24,000	\$1,800
Under Homœopathic treatment in 1873 and 1874 ... ..	11,000	\$900

"While the average number of inmates during the last two years was greater than ever before in the history of the prison.

"The average duration of diseases in general in the allopathic hospitals of Paris, Berlin, Göttingen, and Stuttgart, as compared with that in the homœopathic hospitals of Vienna, Munich, and Leipzig, has been published by Dr.

Kurtz in the *Hygea*, vol. xviii., part 2. This gives the mean duration of hospital diseases to be—

Under Allopathic treatment	...	...	28 to 29 days.
„ Homœopathic „	...	...	20 to 21 „

“Investigating the comparative duration of particular diseases, and taking pneumonia, or inflammation of the lungs, as an example, we find, upon the authority of Louis, the eminent French physician, that its mean duration, under allopathic treatment, is 21 days; while Tessier and Henderson, equally distinguished physicians, give statistical proof that its mean duration under homœopathic treatment is only 12 days. This one disease is quoted only as a fair sample of all; were it necessary, equally conclusive evidence could be adduced in regard to others.

“Comparison of mortality in *private medical practice*.

“Our researches cover New York, Boston, Philadelphia, Newark, and Brooklyn, five of our largest cities, and extend over four years; thus giving a mass of results so large and so similar in the conclusion they present, that we must needs accept them as approximately, if not absolutely true.

“Let us first take the mortality of

#### NEW YORK CITY.

	Year.		No. of Physicians.	No. of Deaths.	Average deaths to each Physician.
ALLOPATHIC.					
1870	...	...	944	14,869	15·75
1871	...	...	984	15,526	15·78
Total	...	...	1,928	30,395	15·76
HOMŒOPATHIC.					
1870	...	...	143	1,287	9·00
1871	...	...	156	1,243	7·97
Total	...	...	299	2,530	8·48

#### BROOKLYN.

	Year.		No. of Physicians.	No. of Deaths.	Average deaths to each Physician.
ALLOPATHIC.					
1872	...	...	317	7,636	24·8
1873	...	...	333	7,181	21·56
Total	...	...	650	14,817	22·79
HOMŒOPATHIC.					
1872	...	...	84	976	11·62
1873	...	...	92	916	9·95
Total	...	...	176	1,892	10·75

## NEWARK, N.J.

Year.	No. of Physicians.	No. of Deaths.	Average Deaths to each Physician.
ALLOPATHIC.			
1872 ... ..	77	2,121	27·54
1873 ... ..	77	1,185	15·39
Total ... ..	154	3,306	21·46
HOMŒOPATHIC.			
1872 ... ..	13	168	12·92
1873 ... ..	16	153	9·56
Total ... ..	29	321	11·07

## BOSTON.

Year.	No. of Physicians.	No. of Deaths.	Average Deaths to each Physician.
ALLOPATHIC.			
1870 ... ..	218	3,872	17·76
1871 ... ..	233	3,369	14·46
1872 ... ..	233	4,575	19·63
Total ... ..	684	11,816	17·27
HOMŒOPATHIC.			
1870 ... ..	40	402	10·05
1871 ... ..	44	363	8·25
1872 ... ..	54	446	8·26
Total ... ..	138	1,211	8·77

## PHILADELPHIA.

Year.	No. of Physicians.	No. of Deaths.	Average Deaths to each Physician.
ALLOPATHIC.			
1872 ... ..	655	12,468	19·03
HOMŒOPATHIC.			
1872 ... ..	168	2,162	12·87

This was the fatal year of the small-pox epidemic.

"Looking at the *grand total* of comparative statistics above given of the five cities—New York, Boston, Philadelphia, Newark, and Brooklyn—we have this result :

4,071 Allopathic physicians report 71,802 deaths, or about 17 each.

810 Homœopathic physicians report 8,116 deaths, or about 10 each.

"We very frequently hear it said that homœopathic treatment is good for children and in slight ailments, but that more heroic treatment is necessary for the severe forms of disease to which strong men are liable. To throw some light upon this point, we have checked off, in the medical statistics of Brooklyn and Philadelphia, all the cases which



have died from some of the more common acute diseases. And due allowance being made for the respective numbers of physicians, we find the ratio of deaths under the two systems to be as follows :

Diseases.	Deaths.	
	Homœopathic.	Allopathic.
Bronchitis ... ..	48	100
Cerebro-Spinal Meningitis ... ..	44	100
Cholera Infantum ... ..	64	100
Croup ... ..	37	100
Diarrhœa ... ..	35	100
Diphtheria ... ..	63	100
Dysentery ... ..	39	100
Erysipelas ... ..	33	100
Inflammation of Brain ... ..	69	100
"    "    Bowels ... ..	33	100
"    "    Lungs ... ..	39	100
Scarlet Fever... ..	69	100
Small-pox ... ..	61	100
Typhoid Fever ... ..	88	100

"It is worthy of special note that, in regard to small-pox, we know not only the number of deaths, but also the exact number of the cases treated by both schools, for the Health Boards require a report of every case, whether fatal or not. In this disease, therefore, we have the precise ratio between cases and deaths, and the result confirms the accuracy of the general statistics already given.

"The force of these statistics is further seen in the mortuary experience of the Homœopathic Mutual Life Insurance Company of New York. To January 1st, 1879, it is as follows :

	No. of Policies Issued.	No. of Deaths.
To Homœopaths ... ..	8,455	113
To Non-Homœopaths ... ..	2,381	80
Accidental ... ..	...	17

"This result confirms the argument of all other experience."  
(The above is in every detail taken from the official records.)

We repeat, invidious comparisons are repugnant to us; but, once offered, they must, of course, be fairly and conclusively met. This only we have sought to do by figures, with little comment; and conclude that it is clearly *right* to entrust to such a system the health and lives of our officers and men, and that it must speedily prove itself acceptable to them—at least, when *added* to the present one, which we are not seeking to supplant, nor to hold up to any disrespect.

Neither would we present here any arrogant claims of superiority to that learned body, but only of *equal rights with them*.

Objection 7th. "No legislation ought to be necessary to place the different medical schools on an equal footing in Government service; executive discretion and authority are adequate in this case."

Answer. This committee have first ascertained, by official correspondence last spring, through the Hon. Charles O'Neill, M.C., that this is incorrect as to the army, at least. The Surgeon-General expressly refused any standing whatever to physicians not of the regular school, and an appeal to the Hon. Secretary of War was *not even replied to*. The original letters of the Surgeon-General are in our possession. In an old instance occurring in the navy, a well-qualified but rejected homœopathic candidate appealed to the Hon. Secretary of the Navy without result. Only legislation can cure this evil.

Objection 8th. "Such legislation is unprecedented and unknown, either in our jurisprudence or in that of the old country."

Answer. Such legislation is far from unprecedented; this is made clear by reference to old England, where the illiberality of civil licensing boards necessitated the following:—

*Copy of the British Medical Act of 1858, Section XXIII.*

"In case it shall appear to the General Council that an attempt has been made by any body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery as a test or condition of admitting him to examination or of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty's Most Honourable Privy Council, and the said Privy Council may thereafter issue an injunction to such body so acting, directing them to desist from such practice, and in the event of them not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice."

Objection 9th. "The measure is good, but there is no time to pass it this session."

Answer. (1) This is not new legislation, but "unfinished business." It was introduced in both Houses in July, by unanimous consent passed second reading, and was duly referred to committees, in whose custody it remains. (2) This is a public, not a private measure; and it is one of *practical reform* of a Governmental bureau or bureaux heretofore administered in the interest of a portion only of the qualified citizens seeking appointment. No time, surely, can be so auspicious as the present; and with due *information*, the honourable members will, we suppose, scarcely wish to debate it. We hopefully look to the Forty-seventh Congress for this good work.

Thus, sir, we submit, are shown the timeliness, the necessity, and the feasibility of the joint resolution now before Congress, forbidding discrimination between equally qualified citizens seeking to enter the medical service of the United States Government, and providing not alone for ourselves, but for all, simple *equality before the law*, which is now denied; and we therefore earnestly solicit for it your prompt official support and vote.

Equal rights, not special privileges, are our petition.

Very respectfully,

JOHN C. MORGAN, M.D., *Chairman*,  
1706, Green Street, Philadelphia.

A. I. SAWYER, M.D.,  
Monroe, Michigan.

J. P. DAKE, M.D.,  
Nashville, Tennessee.

F. H. ORME, M.D.,  
Atlanta, Georgia.

E. C. FRANKLIN, M.D.,  
Professor in University of Michigan, Ann Arbor, Michigan.

I. TISDALE TALBOT, M.D.,  
Professor in Boston University, Boston, Massachusetts.

J. C. BUDLONG, M.D.,  
Surgeon General, National Guard of R.I., Centredale, R.I.

GEORGE F. ROBERTS, M.D.,  
Professor in Chicago Homœopathic Med. Col., Chicago, Ill.

PHILO G. VALENTINE, M.D.,  
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AMBROSE S. EVERETT, M.D.,  
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San Francisco, Cal.

G. W. POPE, M.D.,  
Washington, D. C.

*Committee on Legislation,  
American Institute of Homœopathy.*

We offer no apology to our readers for the length of the foregoing complete *exposé* of our position. We could not fairly curtail it, because the truthful editor of the *Lancet* has once more declared Homœopathy to be—extinct! We commend the foregoing to our brother of the *Lancet*. A better or more comprehensive statement of our position it is impossible to obtain or to require.

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## ON IEQUIRITY AS A CAUSE OF PURULENT OPHTHALMIA.

FROM the periscope of the *Dublin Journal of Medical Science* we find that Dr. de Wecker, of Paris, advocates the use of an infusion of *Iequrity* to induce purulent conjunctivitis as a means of treating severe granular ophthalmia. *Iequrity* (*Abrus precatorius*) belongs to the family Leguminosæ, and is a native of tropical Asia and Africa, whence it was imported into South America. It is the seeds of the plant which contain the medicinal properties. Dr. de Wecker has found that it produces an acute conjunctivitis, which he values as being as effectual for removing granulations and pannus as inoculation, without its attendant danger. The attack produced by *Iequrity* usually lasts only about fifteen days altogether. It is also, by its use, possible to proportion the dose to the requirements of the case, whereas in inoculation this is impossible. It is prepared and used as follows:—

Triturate carefully and finely 32 grains of the *Iequrity*, and macerate the product in 500 grammes of cold water for twenty-four hours. Then add, the following day, 500 grammes of hot water. Filter the liquid immediately on cooling. The fluid so obtained is to be applied to the everted conjunctiva of the lids on pads saturated with it, which are to be kept in position for a few minutes, shorter or longer in proportion to the results required. In a few hours: great irritation and œdema of conjunctiva, followed by a copious secretion; there is some fever, sleeplessness, and headache for three days.

After the third day suppuration begins, and lasts for five days, after which the pus diminishes in quantity, and about the fifteenth day the patient is convalescent. Further particulars in *Annales d'Oculistique*, July and August, 1882.

## CASE OF CARDIAC DISEASE (?) WITH ASTHMA.

By THOMAS SKINNER, M.D.

A. W., age twenty-four, married, and has had two children. The last was born a year before November, 1874, and from which accouchement she dates her present sufferings. The labour was natural and unattended with flooding. There was no history of fever, rheumatic fever, or anything but a second accouchement to explain matters.

Mrs. A. W. was sent under my care in November, 1874, when I was one of the obstetric physicians of the Lying-in Hospital at Liverpool, by a lady, Mrs. D., because several medical men who had seen the patient had diagnosed cardiac disease, and they pronounced her case to be "hopelessly incurable."

In November, 1874, I had only begun to look into Homœopathy some six months, and what I did in that line had to be done "on the sly." Before sending A. W. to the hospital Mrs. D. told me that ever since her confinement a year ago she had not been able to move or be moved without the most alarming symptoms of weakness and distress at her heart, with arrest of her breathing and great lividity of the countenance. In so much so was this the case, it took the forenoon to bring her to the hospital in a cab, and the better part of the afternoon to get her up the stairs of the hospital to my ward at the top of the building. All who saw the state that the poor young woman was in doubted the possibility of getting her there alive. It is no exaggeration when I say that she was two whole days in the ward before I could auscultate her chest, and even then a satisfactory examination was next to impossible, the removal of her garments giving her so much distress to her breathing. I give the results of the examination, such as it was, performed through her clothing. Chest well formed and nourished. Day and night she sits propped up in bed, the trunk slightly inclined backwards and the head perpendicular, or the chin slightly flexed upon her chest. She suffers fearfully from paroxysms of palpitation, with suffocative dyspnœa at short intervals,

always increased by the slightest exertion either active or passive. The paroxysms are invariably followed by a severe aching, indescribable pain commencing at the apex of the heart, between the fifth and six ribs, and it proceeds from thence to the middle of the sternum in the course of the ascending aorta, and remains there for some time, finishing off by passing through the chest to between the shoulder blades, to be renewed after every severe paroxysm. This has gone on night and day for a year, but always worse all night from sundown to sunrise. She had *slight* hæmoptysis a long time back, long before her confinement. She cannot ascend a slope or stair, or take any—the slightest—muscular exertion, except *knitting*, which is her only occupation and amusement. She cannot handle or nurse her own infant without inducing alarming palpitation and dyspnœa, amounting at times to orthopnœa.

*Auscultatory phenomena, etc.*—There is constantly a tumultuous action of the heart, rendering it extremely difficult to distinguish individual sounds. There is a loud murmur heard with both sounds, loudest with the first sound, and heard most clearly at the base. Clearly there was no mitral disease, and if any of the valves were affected it was the aortic. To my judgment the murmurs and sounds generally denoted that *anemia* was the true nature of the disturbance; and although the patient had lost no blood at any time, she was not making it. And how could she, when she had not slept for a year above a few minutes at a time, and racked with pain and dyspnœa all the time? The respirations were 44 per minute when free from paroxysms. I have no note of the respirations during a paroxysm. Her pulse is 84 per minute, and the same at both wrists, which are synchronous with the heart's systole. The respiratory murmur is heard distinctly over both subclavicular regions, which are equally resonant on percussion. She has no cough or expectoration as a rule.

It is an old truism that "doctors differ," and as most have differed who have seen and examined the case, I shall give the written opinion of an allopathic *confrère*, given to oblige me, and at my own request:—

"December 3, 1874.—I have this day seen Mrs. A. W., and examined her.

"I *think* she is suffering from organic disease of the heart; that mitral and aortic insufficiency is present; the murmur is obstructive and regurgitant.

"She considers herself much improved since her admission to hospital, but I attribute this partly to the quietness incidental to hospital life, and I expect her to be as bad as ever in a month after resuming her usual way of life."

And here follows my friend's signature, which I prefer to leave out.

Be it observed that this *confrère* of mine only "*thinks*" that there was organic disease, and yet he concludes that there was "mitral and aortic incompetency." He further positively asserts that "the murmur is obstructive and regurgitant." With mitral incompetency I should certainly have expected to hear a blowing murmur with the first sound loudest at the apex. Both murmurs were heard by me loudest at the base, and propagated up to the vessels of the neck.

So much for the diagnosis, the pathology, and the opinions of physicians—now for the *homœopathic* diagnosis, facts, treatment, and results.

*Semeiology.*—She has been long subject to headaches of a dull, stupid kind, felt chiefly in the temples and forehead. Great heat on the vertex, which beats and throbs, with cold feet, but which at times are burning hot. Face wan, and somewhat livid and dejected. The lividity is most marked during a paroxysm. She has also bouts of lightness or giddiness, frequently during the day, worst in the mornings, and without any conceivable cause. Frequent fainty spells, and flushes of heat in the face and hands, followed by chills, or "cold shakes up her back," and after these she sometimes has perspirations. These feverish symptoms always appear after the chest pains already described. As a rule she used not easily to perspire; after the pains, and when asleep, however, she always does so, generally awaking in a profuse sweat.

Her tongue is clean and moist, appetite good, but her food lies like a load or weight, with a sick, heavy feeling. At the commencement of her illness she used to vomit everything, but not now. She has frequent ineffectual attempts at belching wind, but which she fails "to get under," and which she thinks tends to set up the palpitation, or make it worse. When the cardiac pains are very bad her mouth fills with salt water, which runs out, because she dare not swallow it from fear of choking. She has sinking, exhausted feelings, with heavy sighs, worst in the afternoon.

The nails of her fingers and the distal phalanges are large

and rounded. Add to the above symptoms and history that her bowels are obstinately and habitually constipated, requiring her to take two compound rhubarb pills every second night, besides lavements, and that her urine is always a deep orange, more copious than normal, and that it is passed with inordinate frequency—and we have perfect photos of three of the best antipsorics in our materia medica—namely, *Sulphur*, *Arsenicum*, and *Lycopodium*. I give them in the order of their homœopathicity to the case.

On the 5th of November, 1874, A. W. received from my own hand a single dose of *Sulphur* mm. (Boericke) dry upon her tongue. In the interval from the 5th to the 20th November she got *S. L.* There was then a marked and steady improvement in all respects, except as regards the constipation.

November 20, 1874.—She received one more dose, and from that date the constipation of years disappeared, the pills and lavements being no longer necessary.

On the 2nd of December, 1874, two days less than a month from the day she entered the hospital, she walked down the stairs on her own feet in the arm of her husband, and next day she did the same, and went to church with him, a distance of some dozen yards, and sat out the forenoon service. She returned to the hospital, and ascended the long staircase, none the worse for doing so. The paroxysms were at an end.

*Remarks.*—And first, as regards the diagnosis and pathology of this case. Was it or was it not a case of organic disease of the heart, or was it one of anæmia depending upon psora as its *fons et origo*? In spite of the opinion of three physicians to the contrary, I hold that there was no organic disease, and that the disease, if centric, was functional, depending upon psora, or some such animal miasm, acting as an irritant on the cardiac plexus and structures, and setting up a disturbed action in the organ. That it was not organic we have the facts—(1) it is inconsistent with the suddenness of the onset of the paroxysms, which, although not previously stated, were developed within a week of A. W.'s second confinement; (2) that the palpitation and asthmatic sufferings were put an end to with one dose of the millionth centesimal attenuation of *Sulphur*, the relief being observable within a few days of its administration; (3) there was no fever of a rheumatic or other kind to account for organic disease—no antecedents; (4) Hahnemann states in his "Chronic Diseases" that there is nothing more likely to develop *latent* psora than an accouchement. If any one will look back into his or her



past obstetric practice, and call to mind the number of cases of delayed convalescence after labour—if he will look around him at Brighton, Scarborough, and our multitudinous spas and hydropathic establishments and sanatoriums, and observe the number of delicate lady invalids, confirmed invalids, wheeled about in Bath-chairs, followed or accompanied by the unhappy husband, consoling himself with a weed—they may safely conclude that the case is, in nine cases out of ten, “uterine,” that it followed confinement or miscarriage, and the reason why it is not cured is because the physicians are ignorant of the psoric element in the case, and how alone it can be permanently cured.

To return to my case, the *confrère*, whose written opinion I have quoted, inclines to *think*—he is fond of thinking to no purpose (?)—that the quiet of the hospital life accounted for the marvellous improvement. But this is absurd, because my friend Mrs. D. had provided her *protégée* with a nurse who cooked her food, attended her baby, and, with the aid of the neighbours and Mrs. D.’s kind surveillance, Mrs. W. had perfect rest for a year, and in her own home, where she had an excellent, kind, sober, industrious, and most devoted husband. It was like breaking her heart to part with him and her quiet home. As regards food, Mrs. D. took care that she wanted for nothing. In very truth, my *confrère*, having no faith in Homœopathy or infinitesimals, was glad to shift the unmistakable improvement upon anything but the real thing. The world can judge between us. If my *confrère* had understood the nature of psora, and the power which *Sulphur* has to induce similar symptoms and conditions, as well as to remove them at times as “if by magic,” he might have said with greater reason and justice that it was the removal from her home in the immediate neighbourhood of Muspratt’s *chemical works*, where her husband was employed, the fumes of which may have set up, or kept up, the mischief.

Whether my high attenuation of *Sulphur* cured the patient for the time by neutralising the psora, or by antidoting the sulphur in the cruder form of fumes, I do not profess to say; but this I will say, that when A. W. left my ward for home she was a new being, and free from her paroxysms of palpitation and spasmodic asthma; her cardialgia and constipation were completely removed, as well as her sleeplessness; lastly, she could walk quietly up or down stairs or on the level, and all this within a month, after a year of a living death.

When A. W. left the hospital I advised her and her husband to get out of their present lodgings and get into the outskirts of Liverpool, but apparently this was impossible. The consequence was that she returned to her old quarters, soon after conceived (a proof of the change in her state of health), was confined, and soon after died, in the hands of the gentleman whose written opinion is contained in this paper.

I never saw A. W. after she left the hospital, either alive or dead, and I should certainly have gone to see her if asked to do so by her medical attendants. There were more than one at "the killing of her."

One word about the preparation of *Sulphur* used on the occasion. I have stated that it was the mm., or the millionth centesimal attenuation, made by Dr. Boericke, of Philadelphia, U.S.A. I obtained the graft from Dr. Berridge in the same year (1874), and it is the same medicine and preparation which removed from my own system the terrible effects of a suppressed psoric bronchial catarrh—namely, paresis of the brain of three years' standing. As it is just possible that some sceptical individuals may doubt, not only the efficacy of such infinitesimal attenuations, but the possibility of their manufacture, let me advise such to obtain a perusal of the first volume of *The Organon*, and at page 421 they will find an exact engraving, taken from a photograph, of Dr. Boericke's ingenious instrument—an instrument which makes each centesimal attenuation separately, which measures every 100 minims before it enters the potentising glass, and which registers each attenuation with unquestionable precision and accuracy. The *Sulphur* which I used in this remarkable case was made by Dr. Boericke on his own instrument, and all who run may read *with what effect*.

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## A STUDY OF CONVALLARIA MAJALIS.

[A paper read in the Materia Medica Section of the Boston Hom. Med. Soc.<sup>1</sup>]

By J. P. SUTHERLAND, M.D., of Boston.

It is a fact, often commented upon, that from time to time there appears in the medical world a sort of epidemic of enthusiasm over some one remedy; it may be a new one, it may be one brought out afresh into the light of public notice

<sup>1</sup> *New England Medical Gazette*.

after years of oblivion. Such epidemics are generally acute in character, making their appearance suddenly, quickly reaching their acme, showing symptoms suggestive, perhaps, of delirium, and sooner or later declining, leaving their enervated victims to a slow recovery. Like most epidemics, they are self-limited, and perhaps no better treatment suggests itself for them than the occasional use of cold water—judiciously thrown on.

Within the last few years, many such epidemics of enthusiasm have swept over the medical community; one has only to mention those connected with *Salicylic Acid*, *Carbolic Acid*, *Salicylate of Sodium*, *Sulpho-Carbolate of Sodium*, etc., to have many others readily suggest themselves.

We have selected for a brief study the drug which, at the present time, is attracting much attention, and receiving the notice of experimental physiologists and therapists. Medical journals contain articles referring to it, and, from the enthusiastic praise given by the few who have declared in its favour, it would seem that ere long we must expect to be visited by a *lily-of-the-valley* epidemic. How many will be affected by it, it is impossible at this time to conjecture. We have heard already of many prominent physicians, of all schools, who regret exceedingly that they have only recently heard of the drug, and who have observed its favourable action as a remedy. Such, in short, are the important claims made for it, that we feel justified in making it the subject of a brief study.

It is said that the *lily-of-the-valley* has been used from time immemorial by the Russian peasantry for the cure of dropsy. Its only other use has been in sternutatory powders.

Some physiological experiments with it were reported in 1867. I have not as yet been able to procure the reports of these, but the same experiments were repeated by two Russian physicians from May to December, 1880, and to the experimental investigations they added the clinical test. Although they were satisfied with their results, it needed still another impulse to bring the drug prominently before the profession, and that impulse was not long in coming. It appeared in the shape of a lengthy paper from M. Sée, of Paris, in which he sets forth the results of his experiments, physiological and clinical.

In presenting a summary of the various authorities we have consulted on the subject, we will first consider briefly the clinical reputation of the drug, as we can find record of

it. "It is pre-eminently useful in heart diseases of any form, but most strikingly so in cases of insufficiency of the mitral valves, especially in cases of cessation of compensation."

"It constitutes one of the most important cardiac remedies which we possess." "The effect the most powerful, the most constant, and the most useful, is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies."

"I have used the remedy somewhat indiscriminately in every variety of heart disease coming under my hands, both functional and organic, . . . and in nearly every instance with most gratifying results. In fact, I have not been able to determine any special indications, or contra-indications, for its use, its effect seemed so uniformly beneficial."

In a word, it is a great cardiac tonic. It is superior to *Digitalis*, the employment of which one is often obliged to suspend on account of the vomiting, digestive disturbances, cerebral excitation, and dilatation of the pupil, which it so often produces after prolonged use. The final action of *Digitalis* is exhaustion of the heart, increase, with enfeeblement, of the heart's pulsations, just the opposite effects from what we seek when we give the drug. *Convallaria* has no deleterious effect on the economy, and has no cumulative action.

In cases of advanced and extensive organic disease of course no permanent good effects can be hoped for.

But the heart is not the only part of the system affected by it. We have already spoken of it as a diuretic and the power it thereby has of reducing dropsies. We read of one patient who habitually passed 500 grammes of urine daily (a small amount), and who on the second day after taking the medicine passed 3,000 grammes. The diuresis persisted without once lessening during the entire treatment, even continuing from three to six days after the medicine was stopped. This effect was observed in cases where *Digitalis* failed to increase the quantity of urine.

"The drug also is an excellent nervine sedative tonic, especially where the patient suffers from the consequences of excessive reflex irritability or nervousness. Thus it is useful in certain conditions of insomnia, hysteria, the restlessness of fevers, infantile nervous disorders caused by irritation of dentition, in various kinds of neuralgia, etc. It is not a narcotic or anodyne simply, and therefore does not merely lull the pain by stupefying the patient's sensibility,

but seems to act as a direct nerve tonic and sedative, restoring the equilibrium of nervous function. The sympathetic nervous system seems especially to be under its control, though it is by no means devoid of a powerful influence on the cerebro-spinal system."

Very much more might be quoted from the clinical recommendations and reports we have seen, but the above is quite enough to show that we are not without grounds for our prophecy of the epidemic enthusiasm *Convallaria* threatens to arouse.

Having looked at the clinical side of the question, we will now see what has been done in the physiological laboratories to support the claims of this remedy. The experiments have been comparatively few, but the results would seem to be of the utmost importance, especially if they can be corroborated. Frogs, toads, and tortoises, dogs, and other warm-blooded animals have been used with almost invariably identical results. An extract from the entire plant was used by M. Sée. The infusion, tincture, or extract of the flowers of *Convallaria* was used by Dr. Bogoyavlenski, who also used the whole plant clinically. The results were a little more marked in warm-blooded than in the cold-blooded animals. First is noticed a slackening or retardation of the cardiac contractions, with increase of blood pressure, respiratory movements fuller and somewhat less frequent. Secondly, strongly pronounced acceleration of the contractions, with still greater blood pressure, extreme irregularity of rhythm, and perhaps vomiting. Thirdly, it becomes impossible to count the pulse, which is very feeble; and, finally, there is arrest of heart-beat, tetanic contraction of ventricles, and cessation of respiration. In all the experiments there were no abnormal deviations in the other organs of the muscular or nervous systems. One drop brought into contact with the heart of a frog will kill it in two minutes. The same result is brought about in the same way if the drug is injected into the lymph sac. In one case the cardiac ganglia are directly affected from the outside; in the other the excitation may be carried through the vagi, or perhaps by immediate contact with the endocardium the result is brought about. It would be interesting to attempt to analyse this action, but the data at hand are too scant to allow a satisfactory explanation of the phenomena. Four drops injected into the veins of a dog will cause death in ten minutes. No diuresis was produced, however.

The above is a summary of the results obtained by experiments on animals. The symptoms are few, but point definitely in one direction—i.e., to the use of the drug as an antipathic or palliative remedy in certain heart diseases, where the power of compensation has been to an extent exhausted.

But in all the literature I have seen not one word has been found relating to the effects of *Convallaria* upon the healthy human organism. No records of provings have come within my reach; no cases of accidental or criminal poisonings are on record. It at first seems as if a new power of an old and forgotten remedy had come to light. The clinical tests and physiological experiments point in that direction, but without the decisive test—i.e., provings on the healthy man, we, as homœopaths, cannot feel ourselves safe in placing too much confidence in it, or allowing ourselves to be unduly affected by rumours of its wonderful powers. Such rumours being extant, it seemed to me, at all events, desirable to attempt some experimental investigation upon myself, and in accordance with that idea, I obtained of Messrs. Otis Clapp and Son a tincture which was made from the flowers principally (there may have been a slight admixture of leaves, but the flowers greatly predominated) during the early part of the last summer, and I will hastily give the results of my experiments.

In regard to the active principle of the plant, some say the roots and leaves produce no effect, that the flowers contain the active principle. An alkaloid (*Convallarin*) has been produced by treating the aqueous solution of the flowers with alcohol and chloroform (an amorphous bitter glucoside being obtained), which possesses all the active properties attributed to the drug *Convallariæ majalis flores*.

The doses used clinically were one-half to one and a half grammes daily of an aqueous extract of the entire plant. Another used an infusion of three to seven grammes in 120 to 180 grammes of water. Another used an infusion of the flowers gr. x. to ʒij. of water, a tablespoonful twice daily.

Concluding from the little I could ascertain regarding the relative strength of the dose, I began with a dose of twenty minims of the tincture alluded to in a teaspoonful of water, thinking that a healthy person should be able to take a dose as large as that usually administered to a sick person. For nine days before taking the drug I carefully measured the daily excretion of urine, collecting it from the forenoon of

one day to the forenoon of the next, as the power of the drug to produce diuresis was what I chiefly wished to investigate. The largest amount passed in the nine days was 1,170 c.c. (339); the smallest, 690 c.c. (323), the average being 814½ c.c. (about 327). The specific gravity varied from 1,021 to 1,027, the average being 1,023.

Wednesday, Nov. 1.—At 3.30 p.m. took twenty minims. Pulse 68. No effects were perceptible.

Thursday, Nov. 2.—At 7.45 a.m. took thirty minims. At 10.30 pulse was 72 while sitting; after changing to a standing position it was 106, rather soft; took thirty minims more. At 11 o'clock pulse while seated 72; after walking about the room it was 108. I noticed a slight obstruction to taking a deep, full breath. Have experienced a sensation of dull pain (not marked in severity) in præcordial region. 12.45. Nothing particular yet observed. Pulse varies from 70 to 100, according to position and occupation. Took thirty minims. Half an hour later, pulse 65. Have been comparatively quiet during the interval. At 6 p.m. took thirty minims. (Within twelve hours have taken 120 minims.) Before retiring, at 11.30 p.m., while lying flat in a sleeping posture, pulse was 52. After getting up and moving about the room the pulse was 82, not at all uneven or intermittent, but even, regular, neither unusually full nor compressible.

Friday, Nov. 3.—Awoke with a frontal headache; eye-balls slightly sore to move about; a little dizziness. Bowels moved naturally. Headache gradually passed away, and at 10 a.m. took sixty minims. Twenty minutes later pulse had not changed in frequency or character.

Saturday, Nov. 4.—For the first time during the proving the amount of urine excreted exceeded the quantity of fluid taken into the system, though the excess was only a little over 3j. At 10.15 a.m. took eighty minims. Half an hour later the pulse had risen from 66 to 72; the impulse seemed a trifle more forcible. At 4 o'clock p.m. took one hundred minims. Twenty minutes later the pulse remains at 70, apparently unaltered.

Sunday, Nov. 5.—Had a loose, but otherwise natural, stool in the morning. Took no medicine during the day. During the preceding twenty-four hours I had taken 180 minims, but the drug made no evident impression.

Monday, Nov. 6.—The amount of urine collected in the morning for the past twenty-four hours was the largest for twelve days, and exceeded the fluid drank in the same time

by  $f_{3xij}$ . In order to answer the question which naturally suggested itself, Was this large quantity and the excess due to the *Convallaria* taken on Saturday? at 12.45 I took 100 minims. Noticed what has once before been referred to, viz., fifteen to thirty minutes after taking the drug a slight, dull pain was felt in the region of the apex of the heart; it lasted only a few moments; feeling of discomfort in cardiac region felt three or four times during the afternoon.

Tuesday, Nov. 7.—The twenty-four hours' urine collected shows an excess of  $f_{3xij}$  over the liquid drank. At 4 p.m. took 120 minims. Pulse unaffected.

Wednesday, Nov. 8.—The liquid drank during the past twenty-four hours exceeded by  $f_{3j}$  the urine excreted. Took no medicine; no effect from that taken yesterday.

Thursday, Nov. 9.—The amount of urine collected this morning was 900 c.c. ( $f_{330.4}$ ). The average daily amount of urinary excretion during the past seventeen days has been 895.24 c.c.; and as there seems to be no tendency to an increase in the amount of urine excreted, the proving is discontinued for the present.

The following table will show the amount of water taken into the system through the stomach and the amount excreted through the urinary apparatus during the proving:—

Drank at the three meals and during the evening of Nov	1...	$f_{340}$	(1184	c.c.)
"	"	"	2...	" 32 ( 947.2 " )
"	"	"	3...	" 27 ( 799.2 " )
"	"	"	4...	" 31 ( 917.6 " )
"	"	"	5...	" 24 ( 710.4 " )
"	"	"	6...	" 21 ( 621.6 " )
"	"	"	7...	" 27 ( 799.2 " )
"	"	"	8...	amount drank not accurately ascertained.

Urine excreted from A.M. Nov. 1 to A.M. Nov. 2	.....	( 686	c.c.)	$f_{323.17}$
" collected A.M. of Nov. 3	.....	( 810	" "	" 27.37
" " " 4	.....	( 840	" "	" 28.38
" " " 5	.....	( 800	" "	" 27.02
" " " 6	.....	(1075	" "	" 36.32
" " " 7	.....	(1008	" "	" 34.05
" " " 8	.....	( 770	" "	" 26.
" " " 9	.....	( 900	" "	" 30.4

An excess of  $f_{316.83}$  (498 c.c.) in favour of water taken into the system.

"	"	$4.63\frac{1}{2}$	(137.2	" "	"	"
"	"	1.38	( 40.8	" "	"	" in favour of excretion.
"	"	3.98	(117.6	" "	"	water drank.
"	"	12.32	(364.6	" "	"	excretion.
"	"	13.05	(386.4	" "	"	"
"	"	1.	( 29.2	" "	"	water drank.

The specific gravity varied from 1,021 to 1,026.



To the superficial glance it would seem as if a slight diuresis had been produced on the 6th and 7th of November. But, if so, then why was there no such effect from the dose of 120 minims taken on the 7th? During the twenty-four hours following the taking of the dose more water was taken into than was excreted from the system; and if, as it is said, the action of this drug lasts from "five to nine days without a repetition of the dose," it would seem that, during the nine days I experimented with it, taking in all 600 minims, some tolerably well-marked effects might have been produced. The drug apparently has no "cumulative action."

As to the cardiac action of the drug, my experiments thus far certainly do not show that the drug possesses any remarkable power. The pulse rate was not apparently altered, as the figures given show. Sphygmographic tracings were taken during the last days of the trial, but at no time did they reveal any abnormally full or irregular action.

As to the diuresis which was so marked in M. Sée's clinical experiments, the question arises, How was the diuresis produced? Taking into consideration the class of cases for which the drug was administered, and reading carefully the clinical records, it would seem that the diuresis was produced by the regulated heart's action and the increased arterial pressure. The backward pressure in the venous capillaries was relieved, thereby allowing an endosmotic action to reduce the existing dropsies, and the increased pressure in the renal vessels would allow a free excretion of surplus water and effete matter. One might then reason that if no diuresis was produced in the healthy organism by the drug, it produced no increased energy in the cardiac contractions. In case any one should be inclined to attribute the increased excretion of urine of the 6th and 7th of November, as shown in the table given above, to the drug action, the following figures will undoubtedly show the fallacy of so doing: For nine days preceding the trial of *Convallaria* the daily amount of urine excreted measured, in cubic centimetres, as follows: 1,110, 1,170, 880, 690, 1,050, 790, 755, 825, 1,060, an average of  $814\frac{4}{9}$  per diem. For the following eight days during which the drug was taken, the amount excreted varied as follows: c.c. 686, 810, 840, 800, 1,075, 1,008, 770, 900, an average of  $861\frac{1}{8}$  c.c. per diem,—an average increase, it is true, of 57 c.c. (about  $\frac{1}{2}$ ij.) per diem; but nothing that can safely be attributed to the drug.

I fully appreciate the incompleteness of this paper as a

study of *Convallaria majalis*; but it has been presented with all its imperfections in the hope that it may call forth useful hints or comments, and with the desire of interesting others in personal experimental investigation.

The records presented by M. Sée and others cannot be allowed to pass unheeded. They must be accepted as facts, and we must consider the drug a "cardiac tonic," etc., or we must undertake experiments which shall corroborate those already performed, or give us ground for refusing to recognise them as of practical value.

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## THE GERM THEORY AND PHTHISIS TUBERCULOSA.

By C. RANSFORD, M.D., L.R.C.S., F.R.C.P.

IN the last number of the *Homœopathic World*, amongst answers to correspondents, I read the following, addressed to Dr. Murray Moore:—"Personally we are by no means satisfied that bacteria *cause* the tuberculosis of our patients. The slow clinical history of many such cases clearly shows, we think, that the cause is *vital*. Taken early we frequently cure such cases with dynamic medication, and we do not well see how bacilli can be killed by dynamic medicines." Nor do we, nor do we think that the *Acarus scabiei* nor *Ascarides* can be destroyed by similar means; but we do firmly believe in the germ theory, and therefore that germicides will destroy the parasite, and generally cure the disease which they produce. We shall probably have more light vouchsafed to us as we journey on. The cause may be *vital*, as is the cause of other parasites, such as *Tænia*; and if a germicide will remove them, we must try for the cause of their generation, which will most probably be found in a deranged condition of the vital corporeal functions. The germ theory is now admitted by many eminent physicians, British as well as foreign, to be the most scientific and practical cure for this fatal disease. We refer all desirous of investigating the subject to Professors Tyndal and Pasteur, Drs. Koch and Erlich; also to Dr. Burney Yeo, in this country, who has published several cases successfully treated by germicides. Amongst others I select the following one, and commend it to the serious consideration of all my medical brethren.

On the 6th May last the patient was first seen. She was a married lady, twenty-eight years of age, living in a low, damp locality, who had lost two brothers from consumption, one at nineteen, the other at twenty-three years of age. She had had a cough for two years, and has been losing flesh. She was confined last Christmas, since which time she has been worse; night sweats were constant, the cough was troublesome, and expectoration abundant. Her voice began to be hoarse a fortnight ago, and was now nearly lost. Her appetite was bad; pulse, 112; respiration, 20; temperature, 101° Fah. She was considerably emaciated. There was some dulness over the left apex both before and behind, with moist clicks at the end of inspiration, and some diffused, largish crepitation on coughing. She was induced to wear as constantly as possible one of the inhalation respirators charged with from five to twenty drops at a time of a mixture of equal parts of creosote and spirits of chloroform, so as to breathe an atmosphere only as strongly impregnated with the antiseptic as was quite comfortable to her. She was ordered to leave the place in which she was living, and to go to some bracing locality. It was agreed that she should go to an isolated farmhouse, built on a hill 300 feet above the sea, between thirty and forty miles from London, on the borders of Hampshire and Surrey, where there were *pine woods and open heather country*. She came to see me about three weeks ago, and she had improved immensely. The temperature had become normal; the night sweats entirely disappeared after a week of the treatment; her voice had returned after ten days; the cough and expectoration were greatly lessened; the dulness over the left apex was much less evident, but respiration was feeble, and there was a distinct pleuritic creak in the left supra-spinous fossa—a notable sign of past mischief in that region. All the moist signs had disappeared. Her general condition had completely altered. I have never seen a more striking improvement in so short a time under any plan of treatment or in any locality; but this patient had been unusually obedient to the instructions that had been given to her. She had devoted herself at once and unhesitatingly to *all* the details of the treatment; she had removed instantly to a fitting atmosphere, she had passed a great part of her life in a hammock suspended between fir-trees in the situation I have mentioned, and she had constantly worn the inhaler as I had directed.

Dr. Yeo's success has been great, but it might have been much greater, because the germ theory is only part of the system of cure. The parasites, or, as some style them, the micro-organisms, cause destruction of the lung tissue; they do so by exciting a peculiar destructive form of inflammation, so that in the treatment of phthisis we must never lose sight of the inflammatory process which always accompanies it, and plays a predominating part in its manipulation. If, therefore, we have to do primarily with a specific virus or infective organism, and secondarily with an inflammatory process excited by it, our treatment must have a twofold object—the destruction of the virulent agent and the reduction of the accompanying inflammation. This is the practice which I have lately adopted, and which it is my intention in future to continue, with the best results—viz., the combination in treatment of these two ends. Dr. Yeo's success has been very decided, but it would have been still greater had he, after destroying the germicides, adopted homœopathic treatment for the pulmonary inflammation. The patient can wear the respirator without its interfering with the medicine prescribed. In the next number of the *Homœopathic World* I shall, if the editor permit, give an illustration from my own case-book. The subject here, as well as elsewhere, excites a deep interest. I hope that many will investigate the important subject, so as to extend the boundaries of corrective agents. I feel sure that there is a great future in store for antiseptic medicine and surgery.

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Bournemouth.

## VETERINARY CLINICAL NOTES.

By J. SUTCLIFFE HURNDALL, Esq., M.R.C.V.S., Liverpool.

CASE I.—*Stenosis of the Bowels*.—Having received an urgent call to attend a cow which it was explained had a "stoppage," I proceeded with as little delay as possible to one of the numerous "milk-houses" of this city, and found my patient to all appearance in a state of collapse.

The pulse was almost imperceptible, the whole of the body, the ears, horns, muzzle, and extremities deathly cold. The animal was in a recumbent position, which she had persistently maintained for some thirty-six hours prior to my

arrival; the visible mucous membranes dry and pale; the abdomen hard, pinched and contracted; the eyes glazed; the skin dry; the secretion of urine either suspended or there was retention; frequent efforts had been made to evacuate fæces, but only a few small hard, black pieces of dung had been passed for several days; great exhaustion was evidently experienced, and it was painfully apparent that strength was rapidly sinking. I felt that I had an almost hopeless case in hand, and accordingly informed the owner of the gravity of the circumstances.

*Nux Vomica* and *Bryonia* had been tried by the owner without benefit, of course, as professional homœopaths will see at a glance. The symptoms all pointed in an unmistakable manner to *Plumbum*. The only question in my own mind was as to whether proper treatment had not been delayed beyond the possibility of recall. I immediately administered ten grains of trit. *Plumb. Met.* 3x, and then proceeded to give an injection of tepid water at a temperature of about 80° F., further ordering the animal to be covered with plenty of warm clothing, and that every possible means should be adopted to induce the cow to take a little sustenance in the form of well-boiled but thin oatmeal gruel.

I left several doses of *Plumbum Met.* with the instruction that one should be administered every three hours. On attending the following day I was much encouraged to observe that the right horn and ear and the general surface of the body were less cold, and the animal was able to hold up its head. I repeated the administration of an enema of warm water, and left instructions to give the *Plumbum* at intervals of four hours instead of three. My next visit was on the day but one following. On arrival I learnt that the cow had risen to her feet, and passed a large mass of black scybala, together with a considerable quantity of turbid urine; the body, ears, horns, and extremities were warm; the muzzle had a nice dew upon it; the secretion of the visible mucous membranes was restored; the pulse quite perceptible, though small and rather more frequent than it should be; temperature 100·8°; when I first saw the cow the temperature was 98·2° (normal temperature of a cow 101°); appetite fairly good for an invalid. I now considered the patient on the way to make a good recovery. The owner being but a poor person I wished to avoid a too heavy bill, and so left what medicine I considered necessary on the understanding that

if any relapse occurred I should be sent for at once. No communication having been received I conclude all went well, and that the cure was complete.

Case II.—*Epilepsy in a Dog*.—Presents an interesting instance of the efficacy of *Plumbum* under different circumstances in relation to the influence of this remedy upon another part of the animal organism. The patient, a cross-bred dog of the terrier kind, was the subject of epileptic fits, to which it had been liable from puppyhood. There was no doubt that the prominent cause was a hereditary disposition, for, strange to say, both sire and dam had suffered in like manner. The seizures usually occurred about once a fortnight, though occasionally the animal had been known to suffer three attacks in one day. The dog invariably presented unmistakable premonitory symptoms, such as irritableness of temper, apparent confusion in the head, trembling of the limbs, dejection of spirits, occasionally running round and round like a cat when playing with its own tail, or it would make fruitless efforts at galloping up the wall. The paroxysm usually lasted a quarter of an hour to twenty minutes, during which there was a complete loss of consciousness, on return to which there was evident exhaustion and a sense of weariness, that generally passed off in a few hours, when the dog resumed its customary activity. I prescribed a course of trit. *Plumbum Met.* 3x, gr. v. to be given morning and night, together with a nourishing but easily digestible diet. Under this treatment no attack came on for a month, when it was so slight that the dog barely lost consciousness; there were no spasms, and altogether the seizure, including the usual sequelæ, did not last more than an hour.

It was noticeable, therefore, that there was an extension of the period and a diminution in intensity, from which I concluded that the remedy was exercising a favourable influence upon my patient. I therefore ordered a continuance, reducing the dose to three grains of the same attenuation, and the times of administration to once daily. As a result of this there were no indications of an attack for six weeks, when the usual premonitory symptoms of running round and round presented themselves, in consequence, it was believed by the owner, of excitement caused by the unexpected presence of some strange and noisy foreigners. The animal was taken up and conveyed to a quiet place, the

owner keeping it company meanwhile. The attack passed off without further development of the more serious symptoms. I now ordered that the medicine should be given once in three days only, and heard from the owner some seven weeks after this date that no indications of an attack had presented themselves since. Having heard nothing more of my patient for a period of three months, I conclude that no recurrence has taken place. In selecting remedies homœopathically I find it very often difficult in my practice—as veterinary patients are unable to describe subjective symptoms—to discover, among others, the LEADING or GUIDING SYMPTOM. In the present case, however, I was led to prescribe *Plumbum* from that peculiar habit of *trying to scramble up the wall* which so often presented itself prior to a seizure, having seen this indicated somewhere when reading up the case; I am not certain where, but believe it was in Snelling's Jahr.

Case III.—*Hypertrophy of Spleen in a Cow*.—Will, I hope, afford some satisfaction to the Editor, for it is to a quotation from Dr. Burnett's able and interesting monograph, which appears in Dr. Edwin M. Hale's "Special Therapeutics of the New Remedies," that I am indebted for valuable suggestions which have resulted in the successful treatment of HYPERTROPHY OF THE SPLEEN in a milking cow with *Ceanothus Americanus*.

On being called in to examine the animal I found a considerable and diffuse swelling over the rumen or paunch on the left side. In Chauveau's "Comparative Anatomy" it is stated that "in ruminants the spleen is not supported by the great omentum, but adheres to the left side of the rumen and diaphragm." The enlargement was most prominent just behind the ribs, close under the transverse processes of the lumbar vertebræ; it extended over a considerable portion of the rumen, gradually getting less protuberant, until it seemed almost blended with the substance of that viscus; posteriorly no distinct margin was perceptible. As the result of careful manipulation one could only learn that there was a hard unyielding swelling, which when pressed ever so firmly did not apparently cause any pain to the patient. On inquiring how long the enlargement had been observed, I was informed that for two months it had been gradually developing.

The owner had been informed that it arose from a stop-

page of the bowels, in consideration of which the cow had been repeatedly drenched with purgative medicines. I ventured to give the assurance that had the swelling been caused by "stoppage" the cow would either have been dead long ago or have recovered before this time.

In all other respects the animal seemed to enjoy fairly good health, although her appetite was slightly capricious; her urine was very watery, pale, and abundant, and the fæces somewhat relaxed. The mucous membranes, pulse, and temperature were normal.

An examination of the milk, which I saw drawn from the udder, proved on testing with a percentage lactometer to contain a considerable excess of water; in appearance it was blue and poor.

The microscope revealed the presence of a large number of leucocytes and free nuclei; the fat cells were much less abundant than they should be, and there were some peculiar radiating yellowish crystalline bodies in the centre of the field. With this view of the case before me I came to the conclusion that the spleen was involved, and, after carefully looking up the case in homœopathic literature, determined to administer *Ceanothus Americanus*. In a fortnight I revisited my patient, and was met on the threshold of the "milk-house" by the owner with the remark that he thought he had better buy this medicine of me by the gallon, for ever since the cow had been taking it the yield of milk had considerably increased (namely from eight to eleven quarts in the day), and that it was much richer in quality. On examining the swelling I found that it was so tender the cow could not bear to be touched. This satisfied me that I was on the right track, for I remembered that in Dr. E. M. Hale's valuable work, before referred to, it was stated that "in chronic cases, when the organ is no longer tender, under the use of the tincture, even without friction, it soon becomes painful and tender, then sinks rapidly to its normal size and so remains, the patient no longer being conscious of its presence."

I now determined to continue the treatment, but in a higher dilution.

The first prescription was ten drops twice daily of *Ceanothus A.* 1x. The second, ten drops twice daily of 2c.

Altogether the cow has been under treatment seven or eight weeks; the swelling has well-nigh entirely disappeared, the appetite is now regular and hearty, the fæces are normal



as well as the colour and specific gravity of the urine, and the supply of milk abundant and of better quality. As already stated, I am indebted for my knowledge of this drug to the article contained in Dr. E. M. Hale's "Special Therapeutics of the New Remedies," than which there are few more useful works on materia medica, and I am very glad to be in a position to offer public recognition of a literary work that has on several occasions stood me in good stead when hard put to with a difficult case, which the polychrests and older remedies seemed incapable of touching. The spleen is an organ about which so very little is known, either physiologically or pathologically, that it is a great boon, to the human physician as well as the veterinary surgeon, to have discovered a remedy that is evidently in therapeutic *rappor*t with this imperfectly understood portion of the economy.

248, Upper Parliament Street, Liverpool, Feb. 8, 1883.

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## Obituary.

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ROBERT J. McCLATCHEY, M.D.

FROM the *Hahnemannian Monthly* we learn that Dr. R. J. McClatchey, President of the Hahnemann Club of Philadelphia—the organisation which owns the *Hahnemannian Monthly*—and who was for ten years its editor, died at five minutes past noon, on Monday, January 15th, 1883, of apoplexy, after an illness of about fourteen hours. He had been in his usual health, had attended, during the previous week, the annual meeting of the Philadelphia Homœopathic Library Association, and the monthly meeting of the County Medical Society, had delivered his usual didactic and clinical lectures at the college, and, on the day preceding his death, had visited an unusually large circle of his patients. On Sunday evening he was sitting in his office in conversation with his friend, Dr. Charles M. Brooks, when, a few minutes before ten o'clock, he complained of intense pain in his head. This continued, and was shortly followed by muscular tremors and weakness, with nausea and vomiting. He was assisted to his bed, and his physician, Professor John E. James, was summoned, who found his symptoms as above narrated, together with some difficulty in articulation and partial right-

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hemiplegia. Improvement appeared to follow the use of remedies, the intense pain and vomiting subsided, and the patient fell into what seemed an easy and natural sleep. Dr. James returned home near midnight, hoping that the greatest danger was past. Shortly afterwards he returned to his patient in answer to an urgent message, and found him unconscious, and presenting all the signs of sanguineous apoplexy. The coma became more and more profound until the end. Drs. J. E. James, C. M. Brooks, Bushrod W. James, and Pemberton Dudley were at his bedside when the spirit departed; Dr. A. R. Thomas had left him but a few minutes previously. After nearly twenty-seven years of active service in the profession he loved, he was caught away to his reward from the midst of his labours and in the prime of his usefulness.

Dr. McClatchey was one of the foremost and most notable homœopathic physicians of the city of Philadelphia, wherein he was born, wherein he worked, wherein he died, and wherein his memory will be long and lovingly cherished.

### DEATH OF A HERO.

PEOPLE think but little of the risks run by medical men in the discharge of their duty. From the January issue of the *Hahnemannian Monthly* we clip the following, as a sample of occurrences which are by no means infrequent:—

“STARRITT.—Departed this life on Wednesday, January 3rd, 1883, at Anoka, Minnesota, Simon P. Starritt, M.D. In relation to this sad event we have received the following:

““It is my painful duty to ask you to record the death of Simon P. Starritt, M.D. (Hahnemann, Philadelphia, 1878). You will remember him as the *second prize* man of that year—a modest, industrious, able student.

““After remaining over two years in practice with the writer's father, Dr. W. H. Leonard, of Minneapolis, he removed to Anoka, a town of several thousand inhabitants, situated about twenty miles farther up the Mississippi River. Here he worked hard and against much opposition. A little over a year ago he was united in marriage to Miss Elizabeth Murray, of Excelsior, Minnesota. He had already gained the confidence and respect of the community, so that when the recent epidemic of diphtheria swept through the town his services were in great demand. He treated over sixty cases,

with a mortality of less than ten per cent., during the last three months of the old year. Too much watching, anxiety, and personal attention to his cases doubtless hastened his own death. He was stricken with a malignant form of the disease, which reached a fatal ending in six days. Clear to the last, and rendered comfortable by Tracheotomy, he met his fate calmly, dying as he had said he had always wished to die, "in the harness." His last patient was visited December 27th, his last prescription made Sunday evening, December 31st, and at 3 a.m. on Wednesday, January 3rd, his noble spirit went up to God in whom he put his trust.

" 'WILLIAM E. LEONARD.' "

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## LITERATURE.

### SOME OBSERVATIONS ON THE THERAPEUTIC USE OF ALCOHOL.<sup>1</sup>

THIS is a reprint from the *New York Medical Times*, of which the accomplished author is co-editor. It is one of the best treatises on the subject ever printed; it is scientific, broad, and practical, and want of space only prevents us from quoting largely from its pages.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. NEVILLE WOOD ON HOMŒOPATHY IN PORTUGAL.

SIR,—A letter lately received from a relative of mine, who has lived many years at Lisbon, gives a pleasant indication that Homœopathy lives and flourishes in that city. He says: "Homœopathy is very much the mode here. One physician, Dr. Rebello da Silva, has so much to do that he cannot dine

<sup>1</sup> Some Observations on the Therapeutic Use of Alcohol. By Alfred K. Hills, M.D. New York.

till ten or eleven o'clock at night, and there are many other doctors in good practice. The Lisbon practitioners seem to prefer prescribing their medicines in a liquid form. They dispense about five or six doses at a time in little blue bottles, instead of the dainty little papers of globules that used to be in vogue. But globules are still to be had." My correspondent remembers, as I do, the admirable and often wonderful efficacy of the minute powders, containing globules and sugar of milk, prescribed nearly fifty years since in England by Dr. Rabatta, resident physician to the then Earl of Shrewsbury, at Alton Towers, and afterwards by Dr. Belluomini. At that time, these two doctors, and the late Dr. Quin, were the only practitioners of our method in England.

My father, who was one of the earliest lay supporters of Homœopathy, preferred summoning one of these doctors, even in the old coach days, rather than trust to the best allopathic treatment close to his residence in the county of Derby.

It may perhaps be allowable to ask, in passing, whether Homœopathy has really gained anything by the substitution of mother tinctures, liquids in blue bottles, and pilules, for the now old-fashioned globules and tiny powders.

Yours faithfully,

NEVILLE WOOD, M.D.

10, Onslow Square, February 12th, 1883.

P.S.—The Lisbon doctor, taking his chief meal towards midnight, may soon find imitators among our young men of fashion, who consider that to take the repast so early as six o'clock is to "dine in the middle of the afternoon."

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#### DR. JOHN WILDE ON CURING AND PALLIATING.

DEAR SIR,—It would, perhaps, be wise to take no notice of Dr. Berridge's fresh attack upon me, for it is always useless to argue with an opponent whose aim is not to get at the truth but to obtain a victory. Controversy is useful where the truth only is sought, but it becomes morally hurtful where the worsting of an opponent is cherished on either side. Dr. Berridge's letters have shown this animus throughout.

He heads his letter, "Accuracy at a Discount," and it truly characterises his misleading statements. It would

take up too much space to show that I am right in saying, "Allopathy is indispensable to medical practice" occasionally. Your readers' common sense will tell them whether this "contradicts" my former statement that "Allopathy is a method of palliating, but not of curing disease." Why, allopathy is indispensable *because* it can palliate disease, since some diseases can only be palliated and not cured. I have never asserted that homœopathic treatment will not much better palliate suffering in some cases, but the fact remains that occasionally a sedative (allopathic) is a necessity. In an extensive practice I may resort to such a palliative perhaps three times in a year. This says a great deal for the resources of Homœopathy. We shall be able to do without this when Homœopathy is perfected, which may be about the year 1,000,000! Of course, Dr. Berridge is just that number of years in advance of his colleagues, and therefore with him Homœopathy is perfected.

What does Dr. B. mean by asking me if I recollect "sending him an old gentleman suffering from obstruction of the bowels *with fecal vomiting* (the italics are his), whom he eventually relieved," etc.? Shade of Cloacina! imagine my *sending* an old man with *fecal vomiting* from Winchester (where I was "a dozen years ago") to London! How could he travel in such a state? I have no recollection of ever sending *any* patient to Dr. Berridge, but that gentleman would have your readers infer that I sent him the case to cure because I had failed. I most distinctly deny this. If Dr. Berridge ever had any patient from me, it must have been one of his own patients who had consulted me, but I am perfectly certain I never sent any case of the above kind, or any other, to him to cure. It seems that this said "old gentleman died cured," for he "eventually died of dropsy." Is this one of Dr. Berridge's cases of "euthanasia" to which he treats us sometimes?

Dr. B. says he "always finds the *simillimum* relieve; but if no relief follows [is this possible with Dr. B.?] I invariably find that through the infallibility [oh! really now] of human nature I have not given a *simillimum* but a *simile*." Now this is really very unkind in my critic. He actually allows that even he makes a mistake sometimes in his selection of a remedy, but he is highly indignant that I should fail in choosing a remedy "out of several pathological similars." Does Dr. Berridge know that a *simillimum* is an

*exact* "pathological similar"? He does and he does not. He acknowledges it by saying, "A pathological *simile* is vague, and can only lead to a group of medicines *out of which the simillimum has to be selected.*" Observe, he says the *simillimum* has to be selected out of the pathological similars, and yet he finds fault with me for using the same expression, but he does not acknowledge that the pathological similar *will* lead to the *simillimum*, because he sneers at "a professed teacher of Homœopathy" because he regards this as the "*ne plus ultra* of Homœopathy." The fact is, my critic does not know what he means. It is his business to find fault, that is his *role*. Instead of making stale jokes about "military Irishmen," let him treat a scientific subject seriously, and then he will see that a true *simillimum* must be the *VERY* pathological similar itself. That this is seldom found is known to every practitioner, but, happily, we generally find a "*simile*" answer, or our patients would be badly off. Has Dr. B. ever considered that a real *simillimum* given to a patient would not only cure the disease then manifest, but it would cure every hereditary tendency inherent in his body, whatever it may be. This is good Hahnemannism carried out logically; but alas! nothing is perfect in this world. When physiology and pathology and our materia medica are perfected, then will the doctrine of similars be in our own hands like the "law of gravitation," which Dr. Berridge invokes as an analogy to the homœopathic law. But no one but Dr. Berridge believes in the perfectibility of our system. His indignant allusion to *liberality* among his *confrères*—I beg his pardon, he won't own us—is most amusing. He says, "What is the use of talking about liberal views, forsooth?" . . . "Did the planets in our solar system ever become liberal instead of obeying the *LAW* of gravitation?" Did any one ever see such a confusion of ideas and metaphor! Have I said that a drug would not obey its own law? You have got to find the right drug first, there lies the difficulty. In a case of cancer, if I knew a drug which would cure it, I should use it; but if I know of none such, I am *LIBERAL* enough to give my patient something else which *relieves by just as inevitable a law* as that of the *simillimum* which would cure instead of relieving. Antipathic effects are as much governed by *law* as homœopathic, only the result is not *all* we want. For instance, if I want to open the bowels in a given case, I can give say *Opium 6* or a dose of castor-oil.

The homœopathic *law* acts in the one case, the antipathic *law* acts in the other. Now, in a simple case of constipation calling for *Opium*, of course I should use it, and never dream of castor-oil because of the reaction, the effect being only palliative; but suppose I have a case of *cancer*, with horrible pain and suffering. I cannot *cure* that, and I must ease my patient. I first try all I know among homœopathic remedies, which are often sufficient, but if they are not so, I give *Opium* in small doses, and I find a *law* exists here which I can count on, and my patient is relieved. Pray, Dr. Berridge, do not sneer at liberality of sentiment. You really do not seem to know what it means.

Next comes Dr. Berridge's elegantly-expressed charge that I try to "wriggle" out of the difficulty in relation to the date of my pamphlet. He also speaks of an attempted "quibble" on the word "wrote." Now, sir, I will not use strong language, but Dr. B. has fixed on the date of the "*second*" edition instead of the first, to which, of course, he knows I referred. The said pamphlet was written by me and given to Dr. Ruddock in 1874, since which I have had nothing to do with it, except that directly it was published I wrote and asked the publisher to correct a sentence in it if ever it was republished. I do not know how many editions have been issued, as I have no interest in it, so that my original statement was correct—viz., that "*Allen's Materia Medica*" was not published till several years after (1877). So much for Dr. Berridge's "accuracy." I must decline any further correspondence with Dr. Berridge on this subject.

Yours, etc.,

JOHN WILDE.

[Dr. Wilde's charming little essay, "*Homœopathy Explained*," was published in 1874, and bears that date. It has been the means of doing much good by disseminating truth, and we have a very high opinion of it. We need none of us be ashamed of doing good, and every man who labours to spread a knowledge of Homœopathy is a benefactor of his species and serves his generation. We are often blamed for allowing so many controversies in our journal, more particularly because a certain number of laymen read it. But we have more professional readers than any other European homœopathic journal, and then we have yet to learn that laymen are incapable of seeing where the truth lies. *All* medical journals are read by

laymen, and no homœopathic journal in Europe can succeed without lay help. We must look facts in the face, and remember that our reform is nowhere without lay help, and, moreover, it concerns laymen quite as much as physicians. We have every respect for Dr. Wilde's skill as a homœopathic physician, and no less sympathy for his liberal views, but the special case of *Hiccough* that started this controversy contained a challenge which Dr. Berridge was bound to accept. We homœopaths differ on many points, and in the end truth must gain by the sharpest criticisms. In every controversy the personalities of the writers must come to the fore, and it is well they should, for otherwise stagnation would result. A little fighting does us all good; it keeps up a healthy flow of interest, and even challenging our dates serves a useful purpose, as it makes us more careful and accurate. We now close this subject, and recommend both our friends, Dr. Berridge and Dr. Wilde, to shake hands, and to send us good practical homœopathic papers, and so help to convert the world to Homœopathy.—Ed. *H. W.*]

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### A CHALLENGE TO THE HAHNEMANNIANS.

SIR,—Your columns have for some time been permeated—to use a popular expression—with the discussion of the relative merits of popular Homœopathy and Hahnemannism.

As the value of these theories of medicine depends entirely upon their practical adaptation to the wants of humanity, it would appear that our medical friends would do well to husband their words, and use their faculties in proving the truth and utility of their theories by works.

A means of so doing apparently lies at their doors. The reports of the London Homœopathic Hospital state that although that institution possesses seventy beds only about fifty are occupied, the rest remaining empty for want of funds. Now, it further appears that, after deducting the establishment expenses, the cost per annum of each of these beds is calculated at £35.

As fifty beds are being treated on the popular system, why do not the Hahnemannians undertake the treatment of the remaining beds, or some portion of them, on their system? The cost could surely be easily provided by their disciples. Indeed, though not feeling worthy to be included in the number, the writer, emulating the example of the sailor who



having heard the text three times repeated, "Who will go with me to Ramoth of Gilead to battle?" said "I will for one," would willingly make one towards contributing the necessary amount to secure a fair trial of the two systems.

Hoping this suggestion will produce some practical result,

I am, Sir, yours truly,

A PUZZLED LAYMAN.

[Hear, hear!—ED. H. W.]

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### THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

DEAR DOCTOR,—The seventh annual meeting of the American Homœopathic Ophthalmological and Otological Society will be held at Niagara Falls in June. The president of the society is especially desirous that the meeting be an interesting and profitable one. To that end he hopes that a large number of brief but practical papers may be presented, embodying as far as may be the clinical experience of the members. The meeting will be held on the day previous to that appointed for the opening of the American Institute of Homœopathy, so that there may be no conflict of interests. Will you not send to the secretary the topics upon which you will write, so that the programme may be arranged at as early a day as possible?

C. H. VILAS, M.D., President.

F. PARK LEWIS, M.D., Secretary.

188, Franklin Street, Buffalo, Jan., 1883.

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### DR. HUGH HASTINGS ON CONGENITAL HOOPING-COUGH.

SIR,—Believing that such cases as the above are rare, it may be interesting to lay its history before your readers.

Four children had hooping-cough, the mother of whom was in the last months of pregnancy, and who also during this period had a severe attack of hooping. She was under my care, but the children were treated by an allopath.

Six weeks after the lady's confinement the baby had hooping-cough, the paroxysms of which were frequent and severe. Doubtless the baby must have been born with the

germs of pertussis in its system, as the mother and children had been free from hooping-cough for some six weeks.

The baby was treated homœopathically, by *Acon.* and *Ipec.*, and made a rapid recovery.

H. HASTINGS, M.D.

Lansdowne House, Ryde, Feb. 10, 1883.

### WHICH DID IT?

SIR,—Will you permit me to record my protest against a practice which appears to be getting exceedingly common amongst some of our homœopathic brethren? One of these practitioners, for instance, undertakes the treatment of an old-standing case of illness that has baffled the skill of the allopaths. He supplies the patient with two or more medicines, either to be taken internally in alternation, or one internally and the other to be used externally, the internal medicines being most likely attenuated to the utmost limit, and the external one hardly diluted at all. The patient makes a happy recovery. Straightway the doctor sends an elaborate account of the case to a homœopathic journal, and not only claims credit for the homœopathic nature of the treatment, but maintains that one only of the remedies, which he names, had any share in effecting the cure.

Now, without expressing any opinion as to the merits of this modified form of polypharmacy, or as to the propriety of a professed homœopathic physician having recourse to it without first giving the single-remedy practice a fair trial, I think it is a great pity that cases of this sort should so often be flaunted before the eyes of the public as illustrations of the truth of the homœopathic law, or of the great value of the infinitesimal dose. That the cases are full of interest—especially to the patients and their friends—I do not doubt, but what interest they can have to the student of Homœopathy is beyond my comprehension. That we are laughed at by our allopathic *confrères* for the consummate coolness of our claims with regard to these cases is a fact of which I have been painfully reminded on more than one occasion. I hope, Mr. Editor, you will use your influence to put a stop to the objectionable practice I have referred to.

Yours truly,

COUNTRY.

[We quite agree with our respected correspondent that in the reports of cases all the auxiliary measures should be

mentioned, and, so far as this journal is concerned, we believe this is done. Our allopathic friends always do laugh at Homœopathy, though we are happy to say it is often on the wrong side of the face. Niggers, and the ignorant generally, laugh at what they do not understand. Does not Pope say—

“ Truth would you teach, or save a sinking land?  
All fear, none aid you, and few understand ” ?

We have our enthusiasts in Homœopathy, and they sometimes go to absurd extremes, no doubt, and do some harm. It is not the enthusiast, however, who does us the real harm, but the weak ones, who are neither fish, flesh, fowl, nor good red herring.

We ask “Country” to send us a good practical paper three or four times a year.—Ed. *H. W.*]

### THE SIGNS OF THE POTENCIES.

SIR,—Will you kindly enlighten some of your readers as to the signification of the following signs which appear in some recent numbers of the *Homœopathic World*:—CM (F. C.), vol. 1882, p. 452; CM (Fincke), vol. 1883, p. 76; MM (F. C.), vol. 1883, p. 22; DM (F. C.), vol. 1883, p. 23? If you will do this it will much oblige

Yours truly, A HOMŒOPATH.

[The large letters are Roman numerals. The (F. C.) means the Fluxion Centesimal, and Fincke is the name of a man. They all refer to the numbers and kinds of the dilutions. Thus CM (F. C.) means “the hundred-thousandth dilution” prepared by Dr. Skinner’s potentizer, which is by fluxion and according to the Hahnemannian centesimal scale.—Ed. *H. W.*]

### REPORTS OF INSTITUTIONS.

#### MEDICAL UNION SOCIETY OF LONDON.

THIS is a newly-formed society, having for its object the bringing together of the medical students of the various metropolitan hospitals and medical schools. It is almost incredible that such a society did not exist before, and now that some leading minds in the students’ ranks have started it,

we trust all will unite to foster it, and to make it one of the standing institutions of London.

The Medical Union Society gave its first Annual Meeting and Conversazione at the Holborn Town Hall on the evening of January 31st, 1883.

An address to Students of Medicine was delivered by Dr. B. W. Richardson, F.R.S., which address consisted mainly of kind advice and brotherly counsel. The address was well received, yet did not elicit quite as much enthusiasm as the eloquent orator deserved. There was a distinguished company present, the fair sex being particularly well represented. We noticed also some of the leading members of the profession, together with their ladies. The vocal and instrumental concert was under the direction of Signor d'Havet Zuccardi and Mr. Cave. Some eminent artistes assisted—for instance, Miss M. Lennon, Mdle. Noemi Ettv, Miss Maynard, Miss Marie Hayward; Signor Salviani, Mr. Viotti Collins, and Dr. Semple.

There were also numerous scientific and artistic exhibits, and a plentifully supplied *buffet*.

Of the exhibits, Mr. Fear's *Zephyrifer*, a kind of large fan fixed in a stand, for purifying the air of sick rooms, attracted most attention, especially when in action.

The giant CHANG, a kind-hearted, good-humoured fellow, handsome, and of gentlemanly bearing, and a real giant too, was present as a guest, carrying in his hand the tiniest of the tiny—viz., TINY MIKE.

We congratulate Mr. Greenwood, Mr. Wade, and Mr. G. Danford Thomas upon the great success of their first annual meeting, and we venture to express a hope that the Medical Union Society will be the training-place of our future masters in virtue and liberty—not forgetting liberty of opinion and freedom of action in matters therapeutic.

The headquarters of the society are at 10, Adelphi Terrace, W.C.

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## BATH HOMŒOPATHIC HOSPITAL AND DISPENSARY.

### *Thirty-third Annual Report.*

THE annual meeting was held in the board room of the hospital on Wednesday, January 24, 1883. The chair was taken by the Rev. J. H. Way, and there were present

Rev. G. W. Newnham, Mrs. Cunliffe, Mr. and Mrs. Jeeves, Mr. and Mrs. Norman, Dr. and Mrs. Holland, Dr. and Mrs. Wilde, Mr. Capper, and Mr. Cadbury.

The chairman said that as they were this year proposing important changes in the organisation of the hospital, the present would seem to be a fitting opportunity for looking back on the past history of the institution.

On November 5th, 1849, a meeting was held at 28, Rivers Street, the residence of Dr. Luther, at which it was decided to establish a dispensary for the treatment of the poor on homœopathic principles.

Before the end of the month two rooms were engaged at 56, New King Street, and fitted up for dispensary purposes; and during the few weeks that remained of the year 1849, sixty patients presented themselves for treatment by Drs. Luther and Laurie.

In 1856 the dispensary was removed to the residence of Mr. Capper, at 33, Gay Street. The original founders had left Bath, and been succeeded by Drs. Hewitt and Newman; the latter, however, carried on the work single-handed for some years, till he was joined by Dr. Morgan.

In 1859 sufficient funds had been collected to enable the committee to purchase Chapel House, adjoining the old Queen Square Chapel, which was fitted up as a hospital and dispensary with ten beds available for in-patients.

During the next few years legacies to the amount of more than two thousand pounds were bequeathed to the hospital, principally through the personal influence of Dr. Newman, and the finances of the institution were thus placed in a position of stability.

In 1872, owing to the proposal to widen Chapel Row, and the consequent necessity of pulling down Queen Square Chapel and the Chapel House, the hospital had once more to seek a fresh home.

In a short time the present situation was chosen, and the house purchased; the in-patient accommodation was increased by the change, and now fifteen beds were available. In his own experience, the homœopathic system of treatment had been a great blessing to many in years gone by, and he hoped that future years would show a still fuller record of activity and of work accomplished at their institution.

Mr. Norman then read the report and the statement of accounts.

Dr. Holland moved the adoption of the report and state-

ment of accounts, and in doing so said he wished with all his heart that the balance could be considerably increased. Their friend, the chairman, had alluded to legacies, but he (Dr. Holland) would much rather something in the shape of gifts were given while people were living. They did not want people to die, but if unfortunately they did, the friends of the hospital would be obliged to them for their legacies. It was satisfactory to know that the hospital was in a very efficient condition. Dr. Newman, to whom the greatest praise was due, instituted the hospital (the dispensary was in existence before), and the little seed which he had sown had taken deep root, and had spread forth its branches in such a way that they might hope some time it would be a gigantic tree. Every medical man who took up Homœopathy was animated by conviction. He practised Allopathy many years, and ridiculed Homœopathy to as great an extent as anybody did; it was only by seeing cases cured that were considered hopeless before that he was led to the conviction that it was a real and true system of treatment. To maintain the honour of his college and of his profession, every medical man should have recourse to every available means of alleviating human suffering, and although he would give every medical man credit for the same feelings that he himself possessed, still he thought every man was bound to look into a system which was brought forward on exceptionally good authority for the purpose of ascertaining whether there was attached to it that intrinsic merit which it was represented to possess. He knew that a great many medical men were going silently to work with a view to test the homœopathic remedies—that they had put some of them to the test of experiment in the diseases which they were said to cure, and were surprised at the results obtained. With such satisfactory results he hoped these gentlemen would ultimately embrace the system in its entirety. Letters had been received from several patients who had been in the hospital, bearing testimony to the kindness exhibited by the medical men, and to the rapidity with which they were cured. He mentioned that because it meant this—if the patients had not derived benefit from the treatment, they would not have represented that they had been cured with such rapidity, and that they had been treated with such kindness. The gentleman who had been appointed to visit the outdoor patients possessed the highest qualifications.

The Rev. G. W. Newnham seconded, and Mr. Jeeves sup-

ported, the adoption of the report, and the proposition was carried.

The chairman then proposed the names of the committee for the year as follows:—Col. Black, G. Cruickshank, Esq., Dr. Holland, T. Jeeves, Esq., Dr. Morgan, Rev. G. W. Newnham, Dr. Newman, G. Norman, Esq., Rev. H. Tarrant, and Rev J. H. Way. He also said that it had been thought desirable that a ladies' committee should be formed to look after the general domestic arrangements, and the following ladies had kindly undertaken the duty:—Mrs. Black, Mrs. Cunliffe, Mrs. Holland, Mrs. Jeeves, Mrs. Norman, Mrs. Wilde, Miss James, and the Misses Newman.

This was seconded by Mr. Jeeves, and carried.

Mr. Jeeves then proposed a vote of thanks to the honorary treasurer and medical officers for their devotion to the interests of the hospital, which, under their supervision, had become increasingly useful to the poor.

Mr. Norman, in acknowledging the vote of thanks, said he was sure that he could say, both for himself and his colleague, that they derived much pleasure from their connection with the hospital. He thought that in return they had a right to ask the public to support them to the utmost of their ability in maintaining the efficiency of the hospital.

Dr. Holland then proposed a vote of thanks to the chairman, who had so often filled this post at their public and private meetings. This was carried unanimously, and the proceedings were brought to a close.

[The public spirit shown by the homœopaths of Bath is most encouraging. Would that every town did its duty thus.—ED. H. W.]

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

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BOOKS AND JOURNALS  
RECEIVED.

Medical Counselor, Jan. 1,  
1883.

Life Almanack and Diary of the Briton Life Association, 1883.

Archivos de la Medicina Homeopática, Num. 24.

The Medical Call, Jan., 1883.

Dublin Journal of Medical Science, December, 1882, and January, 1883.

The Monthly Homœopathic Review, February 1, 1883.

The Vaccination Inquirer, February, 1883.

United States Medical Investigator, No. 4, Vol. XVII.

Hahnemann, the Founder of Scientific Therapeutics. By R. E. Dudgeon, M.D. London: E. Gould and Son, 1882.

Allgemeine Homœopatische Zeitung, Bd. 106, Nos. 6 and 7.

Revista Homeopatica Catalana, No. 1, Tomo 1.

Medical Tribune, Jan., 1883.

The Californian Homœopath, No. 2.

The United States Medical Investigator, January 6, 1883.

Revue Homœopathique Belge, Déc. et Janvier.

The Hahnemannian Monthly, January, 1883.

New York Medical Times, February, 1883.

Medical Advance, January, 1883.

American Observer, No. 227.

Bibliothèque Homœopathique, No. 5.

The Clinique, No. 1, Vol. IV.

The Journal of Medicine and Dosimetric Therapeutics, Jan. and Feb., 1883.

The Homœopathic Physician, No. 2, Vol. III.

New England Medical Gazette, No. 2.

St. Louis Clinical Review, No. 10.

The Chemist and Druggist, February, 1883.

North American Journal of Homœopathy.

#### CORRESPONDENTS.

Communications received from Dr. Thomas, Llandudno; Dr. George Lade, Wolverhampton; Dr. Skinner, London; Dr. Berridge, London; Dr. Shulldham, London; Dr. Ransford, Bournemouth; James Peddie, Esq., Dundee; Dr. Fischer, Sydney, New South Wales; Dr. Ussher, Wandsworth; Dr. Hastings, Ryde, Isle of Wight; Dr. Roth, London; Messrs. Walker and Marten, Conduit Street, W.; Dr. Bradshaw, Bournemouth; Dr. John Wilde, Weston-super-Mare; J. Sutcliffe Hurndall, Esq., M.R.C.V.S., Liverpool; Dr. Neville Wood, London; Knox Shaw, Esq., M.R.C.S., St. Leonards-on-Sea; George Norman, Esq., M.R.C.S., Bath.

### The Homœopathic World.

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Programme of a Prize on the Prevention of Blindness.

On the Use of Chloral Hydrate in Lethargic Somnolency.

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# THE HOMŒOPATHIC WORLD.

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APRIL 2, 1883.

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## GALL-STONES.

In a communication to the *Homœopathic World*, published in the last October issue, Dr. Pope has a little passage of arms with the Hahnemannians; and, addressing Dr. Bradshaw, he says (p. 468), "I cannot believe that in the face of the agonies arising from the passage of a gall-stone, he (Dr. Bradshaw) would 'compare the symptoms' with those of any drug, but he would, I (Dr. Pope) am sure, procure that relief from sensation which, while the calculus is passing, must needs be painful, that an anæsthetic or an opiate alone can give."

Although the *pronomina* are here a little redundant, still the teaching is clear.

In our November issue Dr. Thomas enters a lance for the homœopathic treatment of gall-stones, and makes out a very clear case for *Hydrastis* in drop doses of the fluid extract, and sets down the so-called limitation of the law to ignorance of the action of medicines. In the same number of our journal Dr. Bradshaw puts in a plea for *Belladonna* 200 for easing the pain of the passage of gall-stones, favourably mentioning, also, *Calc.-Carb.* 200, *China* 6, and *Berberis* 3. Hereupon Dr. Pope returns, and questions the evidence of therapeutic action in Dr. Bradshaw's cases treated with *Belladonna* 200, but is inclined to view with favour the claims put forward for *Hydrastis* by Dr. Thomas.

In our January number (p. 42) "Homoios" gives a case of passage of gall-stones, in which *Calcarea Carbonica* 30 was evidently beneficial, and Dr. Bayes bears testimony to the same effect (p. 2). Dr. Thomas's paper has been reproduced in America, and the whole question of the homœopathic treatment of gall-stones thus raised has found its way to the Continent.

In regard to the the testimony of our lamented colleague, Dr. Bayes, as to the remarkable effect of of *Calc.-Carb.* 30 in relieving the pain of gall-stones, we may remark that it was Dr. Bayes's last literary effort, and therefore his dying testimony. If his spirit can now look down upon us from the Great Beyond, he will doubtless reaffirm this dying testimony. At the sitting of the *Société Hahnemannienne Fédérative* held on January 10th, 1883, under the presidentship of Dr. Chancerel, our learned friend Dr. V. Léon Simon communicated the news of the death of Dr. Bayes, and thereupon brought forward the great question of the treatment of gall-stones and similar affections, giving an epitome of the handling of the question in our pages.

Hereupon ensued a discussion of which we will now give an account as supplementing what we have already had in our pages.

The question of palliatives having thus incidentally cropped up in the Society, Dr. Heermann was of opinion that palliatives might be always done without. Thus, for instance, in hepatic colic—i.e., the painful passage of gall-stones, or the pain excited from their misbehaviour in the gall-bladder—he had often used *Podophyllin* 2 trit., one grain in twelve doses given every quarter of an hour—he had rarely needed to give a second grain, the first having usually taken away all the pain. One drop of *Chloroform* in 120 grammes of water, or small non-purgative doses of *Oleum Ricini*, are also to be recommended. Where there are gouty deposits on the fingers, with a sensation of fine rain falling on the skin, *Berberis* 6, 12, or even 30 would be given with advantage. *Berberis* has a marked action on the gall-bladder (see Dr. Pope on *Berberina*). *Dioscorin*. 2 if with flatulence, *Lycopod.*, and *Merc.* being also, concluded Dr. Heermann, very useful in hepatic attacks. Dr. V. Léon Simon expressed his belief in the possibility of silencing the pain of the actual passage of the stone through the duct, and that by a direct vital action. It is thus that *Ricinus* acts, for in the healthy human subject it induces hepatic pains, as proved by Dr. Frédault on himself. He thought the remedy *par excellence* is *Belladonna*.

Now the question is squarely before us. Have our colleagues anything further to say on the subject? It is of very great importance, and admits of much further discussion with advantage. Our eminent colleague, Dr. Pope, is, we know, fully alive to the inconveniences likely to arise from the use of anæsthetics in hepatic colic, and hence we take the liberty

of formulating this question: Is not the evidence adduced sufficient to warrant us in adhering to strictly homœopathic treatment even in the painful attacks from mechanical causes—hepatic and renal calculi to wit?

### THE COMPOSITION OF MUSTARD.

Few medical men, and we may perhaps add few chemists, know anything about the true composition of mustard, yet this is a substance which is in daily demand by the physician. We hear a good deal about the adulteration of mustard with starch, flour, chromate of lead, turmeric, etc.; but until quite lately we have seen no chemical paper which has given us the true composition of pure mustard, and at the same time shown us how to analyse it, whether pure or adulterated. This desideratum has been supplied by Messrs. Albert Leeds and E. Everhart, who have published an interesting paper on the subject.

The results of their analysis of three samples of a brown mustard are subjoined:—

	1.	2.	3.
Moisture...	6.78	6.90	6.82
Myronate of potash ...	0.61	0.61	0.72
Sulphocyanide of sinapine ...	10.97	11.19	11.21
Myrosine ...	28.45	28.70	28.30
Essence of Mustard ...	29.22	29.21	29.19
Cellulose...	20.24	19.55	20.06
Ash ...	3.73	3.84	3.70
Total ...	100.00	100.00	100.00

The total nitrogen yielded to analysis was 5.33 per cent., total sulphur came out 1.48 per cent. These numbers correspond with the quantities of nitrogen and sulphur contained in the *myronate of potash*, the *sulphocyanide of sinapine*, and the *myrosine*.

The essence of mustard is extracted by ether; the sulphocyanide of sinapine and the myronate of potash by alcohol diluted with its own volume of water. If the samples are sophisticated with starch (or flour) it can be estimated as glucose in the following manner:—

After treating the mustard by ether and then by the dilute alcohol (which, however, does not dissolve the starch) the starch or flour is converted into glucose, by the addition of extract of malt, or by the catalytic action of acids, and the glucose estimated in the usual way by the standard copper solution.—*Journal of Medicine, etc., No. 39.*

## NOTES BY THE WAY.

By DR. USSHER.

## Sore Throat, Green Wounds, etc.

HERE, and elsewhere, in September and October there was quite an epidemic of sore throat, and a very unanswerable instance it furnishes of the value of generalisation. I had a large number; all were cured rapidly and well, save one, with *Merc. Cyanid.* 6x, nor can I conceive a better argument for infinitesimals, even to an allopathic mind. With the point of a needle verily it touches and illustrates it. I might, after Walter Scott's fashion, have made a Latin quotation, but for the vision of the acid baby critic—he must have had a rare feast, a hip-and-thigh smiting, as a late review shows; but *O tempora, O mores*—there is the bad habit again, yet I am thankful it was not a T.C.D. slander. To resume, the sloughs were either gone or nearly so in four-and-twenty hours, and the ulcers rapidly healed. They were mostly round, purplish, and by no means deep, but in all painful. In one a regular curtain, like a second velum, stretched across the half arch of the palate. In another of the number, who got well and went out to church on a damp day, damping her body, but not her ardour, there was a fresh ulcer formed, and this at once yielded to *Merc.-Sol.* 5, a few drops in half a tumbler of water. Why all these ulcers were round or oval, and why they had a diphtheritic membrane, thicker or thinner as the case may be, I neither know nor care, but it suggested the *Cyanide of Mercury* to me, of which I learned some time back, but not the proper use of it until Dr. Harper commended its virtues in the 6x. The same experience is culled from foreign sources in the *Quarterly*—very little of the *Cyanide* is needed. These patients are never robust, and this reason, coupled with the fact that the patient who kindly repeated her ulcer in my favour has always benefited by *Mercurius*, led me to *Merc.-Sol.* 5, which did all I desired. Individualise when generalisation fails you. Try and make friends with your medicines, get on familiar terms, and be able to make use of them when repertories are not available, and perhaps not helpful. Don't prescribe Mattei's medicines and then pose as a pure Hahnemannian and a Legion of Honour man—L. H. Some of these gentlemen preach much about truth, and one of their loudest I have three times convicted of departures from it, so I have no doubt he belongs to the Lesion of Honour;

nor do I stand alone in my discovery. To the inquiry of a lady as to whether there were any homœopaths in the neighbourhood of Putney, Wandsworth, Wimbledon, or Clapham, the reply was such as might be expected, "None of them are of the great master H. You must go to the West End for that article." No doubt they are the people, but wisdom won't die with them, as the truth has already.

We must have lived to little purpose if we have failed to observe that *Sulphur*, *Rhus*, *Arsenicum* will cure a number of skin diseases. Broadly stated, there is a form of psoriasis with cracks and silvery scales which reddens and spreads, and selects the knee and elbow for its development, often invading the body. *Arsenicum* will cure it, and *Ars.* 18 has done so so often for me that it is the first medicine I think of. Whenever you get an eruption where the skin has become smooth and shining as if scalded, *Arsen.* 18 will cure it. Such is my present belief from many successes. Itching mischief is mostly amenable to *Sulphur*, and vesicular symptoms to *Rhus*. The generalisation is a safe one to begin with.

### Green Wounds.

I was not familiar with green wounds until the discussion at the Convention brought them to notice, and more than once I have had cause to congratulate myself on the investment of a guinea in their Reports. Soon the occasion arose to test the statements made touching the use of *Staphysagria*. The patient was thrown from a gig, and the skin from the knee to the ankle nearly was denuded. He was severely hurt in the back, and dreaded being laid aside, as this is the third time he has met with a severe accident; indeed, one of the insurance companies which is so willing on paper to meet the needs of sufferers declined to renew his policy, save at a rate which he deemed exorbitant. The wound was irritable, bled easily, and he is of a gouty, plethoric habit. Improvement set in after a few days' use of *Bell.* 1x; the back pain promptly relieved by *Hyper. Perf.*; then *Quinine* 2x gave him appetite, and a salicylic lotion took away the unpleasant odour. The wound was beefy red and venous-looking. I used *Hamamelis* for a day or two, and matters were at a standstill, green spots showing all over the wound, every linen rag coming off as if saturated with green pigment. I recollected the minutes, and thought of *Staph.*, giving the 3x. The green discharge was checked, and patch by patch healed. One night in his gyrations he broke the

skin right through, but I kept on with the *Staph.*, and good results soon came. There was much pain of a burning kind, which interfered with sleep; it was markedly tender to the touch, and as slow in healing as a wound could be. The patient, profiting by a hint from a lay helper, applied a lotion to the wound, simple and cooling. A pint of boiling water was poured on a lump of Fuller's earth, strained, and applied cold. Such was the prescription. Perhaps as an eye lotion it will be worth making a note of.

### An Eye Case.

Mrs. H., right eye with photophobia, *feeling when lying on left side as if right eye was pulled back into the head*; when lying on the right side the eye fills up, and when the eyelid is opened a gush of tears takes place, greatly to her relief. *The lachrymation is constant, great nervousness, muddy-looking cornea, old nebulae, patches of inflammation on sclera, which gathered into white heads and broke.* I put her on *Atropine* 3. She had been blistered severely at a London Ophthalmic Hospital. Relief was very great January 12, she now complaining only of dimness, and is constantly obliged to wipe the eye with the hand. *Puls.* 12 has relieved. For these old-standing nebulae, which are the sole trouble, she is taking *Sulph.* 30. On January 26th she describes her difficulty as a white curtain over the right pupil; she is so tired, wakes in perspiration, always sleepy, manifestly the action of the *Sulphur*. February 14.—Sleepiness gone, still a little perspiration on waking, and more on exertion during the day; the sight improves, can see the trees but not branches, and *Sac. Lac.* in globules will do duty for a while. Can now discern branches easily.

### A Nux Case.

I record the case because I am told that *Nux Vom.* has not these symptoms, and I live in the hope that some one will yet show *Nux* to be true to its cure. *Coldness* in the pit of the stomach, on a small spot where she could put her finger, pain in right shoulder-blade (Latinè scapula)!! Better on lying down, worse on movement. *Nux* 3x cured all. *Drosera* has no hæmorrhage *as yet*. Dr. Skinner believes it will be proved to have it because it cured the hæmaturia of cows. May I hope for *Nux* as much?

### Ipecac. as an Eye Remedy.

How this medicine comes to be so low placed as an ophthalmic remedy surprises me. On turning to "Norton's Therapeutics," p. 97, I find :—"Inflammation of the Eyes.—On opening the right lids, which were swollen, there was a copious gush of tears. The conjunctiva of the bulb was injected and infiltrated. *The cornea was dim, as if infiltrated ; on close examination there was noticed a number of small depressions.* Intense tearing or tensive pains in the eyes, *great photophobia.*" Very corresponding indeed to the case I report as cured with *Atropine*.

*Clinical.*—My attention was first directed to *Ipecac.* as a remedy for pustular inflammation of the cornea and conjunctiva by Dr. A. Wanstall, who was led to its use from an article of Jousset's recommending it as a remedy for pustular conjunctivitis. W. says :—"In my hands it has been as near a specific as can be, and certainly I have never handled any one drug that will cure as many cases. It is adapted to both phlyctenulæ and ulcers of the cornea or conjunctiva, especially if there is much photophobia. The cornea may be vascular. The redness of the conjunctiva, lachrymation, and pain, though variable, are usually well marked ; nausea occasionally accompanying the above symptoms." Now this is pretty fair for a medicine that stood in good chance of losing its character. If I may refer to such a poor thing as my own notes in this Journal as far back as 1873, p. 284, these words occur :—"I have seen inflammation of the choroid decidedly influenced by *Ipecacuanha* 12, but with a solitary experience only." In that case syphilis had disorganised the eye, the patient dying about a twelvemonth after from laryngitis. Curious people have wondered why *Ipecacuanha* was called Hippo in Dublin and Edinburgh, and so labelled on druggists' bottles. May not the explanation be that a hard-to-be-remembered name got aspirated and bitten in two, hence Hippo ?

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### PROVINGS OF LAC FELINUM.

By S. SWAN, M.D., New York.

(1) MRS. M. B. P., aged about thirty, proved the seventeenth potency.

Great depression of spirits.

Very cross to every one.

Dull pain in forehead in region of eyebrows.

Heaviness in forehead (clinically verified).

Heavy pressure in sides of head and vertex.

Pulsations in head, with sensation of heat in forehead and constriction across bridge of nose.

Acute pains on vertex.

Acute pains in frontal region.

Intense pain early in morning on vertex and left side of head; commences just in front of vertex, with a flush of heat which extends front about an inch, and is followed by the intense pain; the heat and pain then spread (never crossing median line) down left side as a veil, taking half the nose and jaws, and entering the ear, causing her to close the eyes from its intensity; during the pain the head was drawn down so that the chin pressed heavily on chest, and her agony was so great that she had to hold the head firmly in her hands, *and rush through the house from room to room screaming.* (The italicised portion of this symptom has been clinically verified.)

Acute pain over left eye and temple, the agony being so great that she had to hold the head firmly in her hands, *and rush through the house from room to room screaming.*

Pain in head worse from reading.

Sharp lancinating pains passing zigzag down left side of head about every ten minutes, from vertex towards left ear.

Pain commencing with a chilly sensation at root of nose; also a cold pain passing up median line to vertex, and passing down to ear, like the previous symptom.

Pains in all the teeth as the hot pain from the head touched them.

Intense pain from head along lower jaw, causing mouth to fill with saliva.

Sensation as if tongue were scalded by a hot drink (verified clinically).

Redness under tongue, on gums and whole buccal cavity.

Soreness and sensation of ulcers on tongue and roof of mouth.

The parts of mouth seem to stick together, requiring an injection of air or saliva to separate them.

Loss of taste.

Salivation; tongue enlarged and serrated at edges by teeth,

Brassy taste in mouth.



Small white ulcers covering the tongue and whole buccal cavity.

Elongation of palate.

Tough mucus in pharynx.

Heat in epigastrium.

Slight nausea.

Pain in abdomen and back, as if menstruation was about commencing.

Pain in bowels.

Natural stool, but very slow in passing, at 2 a.m.

Stool long, tenacious, slipping back when ceasing to strain; seeming inability of rectum to expel the contents.

Frequent desire to urinate, urine very pale.

Leucorrhœa ceased on third, and came back on fourth day.

Dryness of rim of glottis.

Very much oppressed for breath, continuing for several days; it is a difficulty in drawing a long breath, or rather that requires the drawing of a long inspiration, for it seems as if the breathing was done by the upper part of lungs alone.

Pain in right side of left wrist when using index finger.

Dulness, sleepiness, gaping.

Heavy, profound sleep, not easily awakened.

Cold and heat alternately, each continuing but a short time.

(2) The same prover took seven powders of 1m (Finckè), taking one every hour.

Fear of falling downstairs, but without vertigo: fourth, sixth, and seventh days.

Headache on left side, not lasting more than ten minutes at a time: fourth day.

Headache over eyes: sixth and seventh days.

Sharp lancinating pain through centre of left eyeball, leaving it very sore internally, and causing profuse lachrymation: thirtieth day (clinically verified).

Heavy pressure downwards of the eyebrows and eyelids, as if the parts were lead: sixth day.

Inclination to keep eyes shut: sixth day.

Eyes feel as if sunken in head, and left eye occasionally waters: first day.

Twitching of outer end of left upper lid, inside: third day.

Cannot bear the smell of clams, of which she is naturally very fond, and cannot eat them: second day.

Stringy tough mucus in pharynx, cannot hawk it up and has to swallow it; when it can be expectorated it is yellow: first day.

Mucus in pharynx between head and throat is thick, yellow, tough, and stringy, expectorated with difficulty, and has a sickish sweet taste: second to seventh days.

Posterior wall of pharynx slightly inflamed, with sensation of soreness: third day.

No appetite: second day (clinically verified).

After eating, feels swollen; has to take off her dress and loosen the clothes: second day.

Great desire to eat paper: second day.

Stomach sore all around just below the belt, worse on left side: first day.

Occasionally very slight nausea: second day.

Stomach very sore in epigastric region: second day.

Great sensitiveness of epigastric region: third day.

At midnight, sensation of a cold bandage over lower part of abdomen: third day.

Great weight and bearing-down in pelvis, like falling of the womb, as if she could not walk; worse when standing: first to fifth day.

Pain in pelvis through hips on pressure, as placing the arms akimbo: third day.

Pain in abdomen as from menses: sixth day.

Furious itching of vulva, inside and out; yellowleucorrhœa: third to sixth day.

Left foot feels cold when touched by right foot: first day.

Legs ache: fifth day.

Dreamed of earthquakes: second day.

(3) Laura Morgan, M.D., gave 200th to a man.

Morbid conscientiousness, every little fault appeared a crime (clinically verified).

Entire right side from crown to sole felt terribly weak, heavy, and distressed, so that it was difficult to walk.

(4) S. Swan, M.D., took a potency, and had a very sore mouth from it.

In addition to what has been published elsewhere by myself, the following symptoms have been cured by me with *Lac Felinum*, and should be compared with the provings:—

Pain in forehead, occiput, and left side of head, with rigidity of cords of neck (splenius and trapezius), and heat in vertex; the pain in forehead is heavy, pressing down over eyes.

Sharp lancinating pain in centre of right eyeball, extending externally to temple and frontal region over eye, with intense photophobia, redness of conjunctiva and lachrymation; pain worse by reading or writing; the pain appears to be in the interior of eyeball, and extends thence to posterior wall of orbit, and then to the temples, with throbbing; constipation, loss of appetite, dim sight when reading, lassitude in legs; diagnosed as choroiditis. Cured with 1m and 10m.

Twitching of eyelids, right and left.

Ciliary neuralgia (Dr. Burdick).

Obstruction in urinating, has to wait.

Dragging pain in left ovary.

Constant nervous trembling, especially of hands, as in drunkards, with dryness of mouth, and sensation as if tongue were scalded.

Dr. Berridge informs me that he has verified some of the eye symptoms in three remarkable cases. I have had great success with it in eye cases, especially when there is severe pain in back of orbit, indicating choroiditis.

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## A SEDUCTIVE DRUG.<sup>1</sup>

"Oh, that men should put an enemy into their mouths to steal away their brains!"—*Othello*.

"They are drunken, but not with wine; they stagger, but not with strong drink."—*Isaiah*.

THE power of certain drugs to create an appetite, which only a constant iteration of the dose will satisfy, an appetite so imperious as to be well-nigh irresistible, is well known. Among these may be mentioned hashish, arsenic, alcohol, tobacco, and opium. To this last I now desire to call your attention, to sound a note of warning against the alarming yearly increase in its use, an increase which now demands ten pounds where one sufficed ten years ago.

We all know that opium is the crystalline liquid that exudes from the capsule of the poppy, and was denominated by Galen as *Lachrymæ Papaveris*—poppy tears; and that it is used in the form of paregoric (*Tinctura Opii Camphorata*

<sup>1</sup> An address delivered before the National Eclectic Medical Association at New Haven, Conn., June 21, 1882, and published in the *Medical Tribune* for December, 1882.

=gr. ij.—. 3 j.), laudanum (*Tinctura Opii*=gr. 37½—3 i.), Dover's powder (*Pulvis Ipecacuanhæ Compositus*), and morphine (*Morphiæ Sulphas*), and that of these the last mentioned is by far the most commonly prescribed. Besides these, there are many proprietary preparations whose chief medicinal value, if they have any, depends upon this drug.

Like aloe, opium comes down to us through the centuries. Nine hundred years before Christ, Homer speaks of the poppy as a familiar garden plant. Livy relates that it was a conspicuous feature in the gardens of Tarquinius Superbus. Hippocrates, Catullus, and Plato understood its peculiar virtues; and Virgil mentions the offering of the poppy to the gods for the repose of Orpheus—*Inferias Orphei lethæa papavera mittes*.

In the Greek mythology, Cybele, mother of the gods, is represented as wearing a wreath of poppies, a symbol of fecundity; and the Romans described Ceres, the goddess of wheat, as bearing the opium capsule in one hand and her sceptre in the other. Somnus was delineated as reposing on a bed of snowy poppies, and Ovid thus speaks of night:

“Interea placidem redimita papavera frontem.”  
“Nox venit, et secum somnia nigra trahit.”

While Egypt, the mother race, more than thirty centuries ago introduced the poppy extract to the world, and it thus became a constituent of that renowned cordial of Helen of Troy, yet it was Persia, and, later, the Moslem that kept this knowledge alive; and it was not until the tenth century that it travelled into China. Carried over the great wall by the Tartar hordes, it was slow in fixing itself as a national habit; so slow, indeed, that 800 years after (1767) the importation only amounted to 200 packages (caissons). From this date, however, it grew with astonishing rapidity within a century to 75,000 packages, and now (1881) to more than 100,000, equalling 15,000,000 pounds; besides a large home production estimated as 25 per cent. of the importation.

Paracelsus introduced it into Europe about two centuries ago, and it gradually spread through Germany and to England. Except in the large French cities, notably Paris, it has never assumed the proportions of a national want on the Continent; but in England the demand has grown with fierce rapidity, so that now England consumes more than all Europe besides.

The importations into Great Britain for home use amounted in 1800 to 5,000 pounds, in 1820 to 15,000, in 1840 to 40,000, in 1860 to 100,000, and in 1880 to 240,000. In Lancashire alone enough is sold to provide every man, woman, and child in the shire with a drachm of laudanum every day in the year. Thus England reaps the whirlwind she sowed in China.

In the United States, previous to 1840, the opium habit was almost unknown. The few exceptions, like John Randolph, of Roanoke, only serve to emphasise the rule. Now there is scarcely a village in the entire expanse of our broad domain, from Maine to the Golden Horn, without its opium devotees. From whence comes this fearful scourge, a scourge which destroys as many lives as all the zymotic diseases together?

Opium inebriety is a topic which has received from the medical profession but a moiety of the attention which it deserves. Our literature is meagre, and but few physicians are familiar with what we have. And yet the evil is widespread, as I have stated, and is spreading year by year. That opium is employed largely in excess of any legitimate therapeutical demand is admitted by even so careful an observer as Dr. E. R. Squibb, of Brooklyn, N.Y., who supposes the importation of opium and opium products to exceed \$2,000,000 in value in excess of the quantities required to fill physicians' prescriptions. Another careful statistician reports more than a quarter of a million confirmed opium inebriates in the United States.

Now, from whence comes this immense army of unfortunates? Undoubtedly not a few resort to the use of opium as a palliative of the nervous affections induced by sexual abuses, alcoholism, and other excesses; but this, unfortunately, accounts but for the stragglers in this great army. Dr. Parrish says, "Men take it not from choice, but from a physical necessity." And this physical necessity arises from its incautious employment by physicians everywhere. Speaking on this very point, Dr. Van Dusen says, "for the primary induction the stated physician is so commonly responsible, that the *onus probandi* in exculpation rests upon him by all fair presumption." This is a severe charge to bring against the profession, and one that should not be made unless susceptible of indubitable proof. That this drug is used, not only incautiously, but even recklessly, by a large part of the medical profession, is too evident to be

denied. For every little pain and ache out comes the hypodermic syringe. Instead of more philosophically removing the cause of the pain, they simply cover it up by putting the patient to sleep. Having learned how expeditiously and easily the pain may be removed, the patient—who, as a rule, knows nothing of the danger of continued taking—repeats the dose. Unwarned by his medical adviser, this goes on until the unsuspecting sufferer is aroused by a sense of helplessness to a realisation of the dreadful fact. Not only is this true of the laity, but even in the profession there are many who thus trifle with the destroyer in their own persons until they become helpless.

The danger thus wrought is far from fanciful, and it is an important question whether the harm thus induced does not greatly overbalance the advantages gained by legitimate use, whether the world would not be better physically and morally if opium was banished for ever from the face of the earth. Whatever might be the answer to that inquiry, it is certainly the province of wise professional oversight to guard our patients from the mental and physical suffering induced by this form of inebriety. The patient is in danger from the very first dose, for it is astonishing how soon, in some instances, opium will prostrate the will and defy all self-effort at abandonment. This fact must not be ignored, that the habit, once formed, becomes a disease not only of appetite but of the will, and, as in alcoholism, the patient is unable to free himself from this vicious propensity.

I do not propose to occupy time relating instances of this habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physician but who finds his efforts to cure chronic diseases constantly baffled by the effects of opium upon the system; for it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate, but also when given in what are called moderate and safe dosage.

While it is harmful to all, it is infinitely more so to the young. There is a triad of infant-murderers, and their names are Godfrey's Cordial, Paregoric, and Mrs. Winslow's

**Soothing Syrup.** The two former are harmless compared to the last mentioned, which contains a grain of *Sulphate of Morphia* to the ounce. That each of them cause many deaths annually both directly and indirectly, and induce weakened health of the body and brain to a much larger number than are killed outright, are undeniable facts; but for murderous efficiency Mrs. Winslow bears the palm. Only those who have had experience in the tenement-house districts of our large cities can realise the enormity of this crime. Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever, was killed by the slow undermining of the constitution by one of these opiated preparations.

These mixtures are used, in a vast majority of cases, because they are supposed to be harmless. Many do not know that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to have affixed thereto a label stating the fact and a caution against large doses or habitual use. Or better still prevent the sale of opiated mixtures except on a physician's prescription.

One instance will illustrate this observation. A very intelligent woman, the daughter of a well-to-do farmer, and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. "Why," said she, "she will get so mad if I don't give it to her, and scream and kick all the morning." I suggested that perhaps she was in pain. "Oh, no she ain't, its just temper, she likes the syrup so much." Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup, to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good natured, and it would take two or even three (*Morphine* gr.  $\frac{3}{4}$ ) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it from it—"as soon as the house-cleaning was through with."

But important as this view of the misuse of opium is, it is rather my purpose to direct specific attention to the intentional inebriant effect produced in adult life.

Opium is classed as a cerebro-spinal stimulant, but it is only a stimulant in the sense that alcohol is a diffusible stimulant, both of them being ultimate paralyzers of sensation, secretion, and consciousness.

Alarming and frequently fatal as are the primary toxic effects of undue doses of opium, they do not fall within the scope of our present inquiry, nor are they to be compared to the pernicious results following in the trail of its habitual employment as an inebriant. The stooping figure, the shuffling gait, the drooping eyelid, the glazed dull eye, the wasted form, are wonted signs of the physical decrepitude induced by this accursed drug, but these even do not excite the pity or abhorrence of the beholder as the contemplation of the moral obliquity induced. Where opium enters in, there conscientiousness walks out. All opium-eaters are chronic liars. This moral turpitude is probably caused by the direct influence of the poison on brain tissue.

If, then, the consequences of this practice be so disastrous alike to body and mind, what need there is for carefully guarding those committed to our care as patients from the temptation to form the habit. How is this to be done?

*First.*—Diminish, as far as is possible, the frequency of prescribing opium. Unquestionably opiates are often prescribed as a mere convenience to cover up the ignorance of the doctor, or to gain time to watch the evolution of symptoms. The hypodermic syringe makes the administration so easy, and its effects are so quickly manifest, that the physician is often tempted against his own judgment to use it. Once used, both patient and his friends are clamorous for its repetition. In fact, it may well be doubted if the unquestionable good the hypodermic method has produced is not more than overbalanced by the ruin it has wrought. Certainly its use by the non-professional should be discountenanced. The physician who permits a patient to learn how to manipulate the hypodermic syringe has put into his hands a servile slave who may soon become an imperious master. The carelessness of many physicians in this respect is only equalled by those who indiscriminately order the use of alcoholic stimulants.

*Second.*—In many cases where anodynes may seem requisite, other remedies will often be indicated and act better than



opiates. In typhoid fever and in intermittents simple sugar-water (one cube of white sugar to two ounces of water) taken in occasional sips will often induce refreshing sleep. Insomnia from business worry, and during convalescence, when not caused by pain, will frequently be relieved by adding to a drachm of coffee as ordinarily prepared for the table, four ounces of cold water, and giving this mixture in teaspoonful doses every ten minutes until sleep is induced. Often a single teaspoonful will lull the patient to sleep in six to eight minutes. Scutellaria, musk, nuxvomica, chelidonium, phosphorus, cypripedium, valerinate of zinc, or ammonia, sumbul, coca, eupatorium aromaticum, phosphide of zinc, cimicifuga, bromide of lime or of camphor, aconite, pulsatilla, and many other remedies induce somnolency and remove the pains, nervousness, melancholy, and hysteric conditions that accompany or cause sleeplessness.

The doctor who depends upon opium alone to remove pain and induce sleep has not yet studied *materia medica* to much advantage.

*Third.*—Even in cases where opium seems the best indicated remedy it ought not to be given continuously. As soon as a small dose fails to give relief its use should be intermitted for a time, and some other anodyne given in its place. At the same time it cannot too strenuously be emphasised that it is the physician's duty to cure the disease, not merely to lull the patient to sleep.

*Fourth.*—Compel your patient absolutely to abandon the use of opiates as soon as the necessity for them passes. I never use them, but those of you who do, should see to it that it does not become a habit. Neglect of this precaution may make you an accessory before the fact to a wretched, squandered life.

*Fifth.*—The law regulating the sale of opiates should be made more strict. Druggists should be prevented by law from renewing prescriptions containing opium in any form. If this were done, and all proprietary preparations properly labelled, and physicians did their duty to their patients in warning them against this dangerous and seductive drug, the opium habit would die out of the land.

GEO. W. WINTERBURN, M.D.

## GLEANINGS FROM THE FIELD.

By WILLIAM BRADSHAW, M.D.

*Bad Case of Eczema.*

25,276.—F. B., æt. 39, married, eight children. 16th August. Left arm and both hands covered with eruption, burning and itching vesicles, seems well in health; been under much treatment, having had the disease nearly eight years. *Pil. Rhus* 3, 1, 4 *in die*. She then took *Pil. Rhus* 3, 6, 12 regularly for three months and was discharged cured.

*Rheumatic Gout.*

27,037.—Mrs. A. B., æt. 45, married, three children. 16th October. For many months had great pain and swelling in articulation of fingers, *hands nearly useless*, quick pulse, catamenia ceased six months, appetite bad, tongue coated. *Pil. Cauloph.* 6, 4 *in die*. Took medicine regularly until 16th December, and was wonderfully improved and could attend to her household work.

*Curious Interesting Case.*

29,454.—E. W., æt. 75, widow. 7th October. Large steatomatous tumour on occipital region, got a *hard blow* on it more than a week ago, got erysipelas in it, neck quite stiff and swollen and cannot move her head; general health seems pretty good. A *pilule Bell.* 3 every three hours. 14th.—Inflammation much subsided, more localised, and the tumour looks like suppurating; stop *Bell.* and give *Pil. Hep.-S.* (6), 4 *in die*. She took *Hep.* and *Plac.* until 29th January. All her large tumours sloughed away, then the wound healed kindly and she was perfectly cured. Good sometimes comes out of evil.

*Curious Obscure Case—Nervous Exhaustion (?)*

16,722.—J. D., æt. 25, married. 8th January, 1870. Fine, well-formed, steady man, framework knitter. Been ill *several months* under his club doctor, getting worse, and not been able to do any work; taken much medicine—*ferrum*, tonics, etc., etc.; looks very pale and ill; peculiar feeble and irregular action of the heart, pulse weak and irregular, dimness of vision and pupils of eyes very dilated, tongue loaded, appetite bad. *Pil. Cactus* 6, 4 *in die*. This did not look at all like a *Cactus* case, but the man began at once to improve and went on regularly with *Pil. Cactus* 3, 6, 12 until 26th March; was then discharged *cured* and kept so.

*Another Curious Case.*

28,416.—N. B., æt. 25, married. 22nd November. Fine-built man, looks ill, been in the army since he was 14 years of age, and led a very fast life in India and at the Cape; been under much treatment for the last two years; was in Netley Hospital and discharged the service; seems suffering from great nervous exhaustion, constant *head pain*, tongue coated, appetite not amiss, pulse weak and quick; man seems very tremulous, bad nights, not able to work, *very chilly*. *Pil. Gels.* 3. He saw me every week until I discharged him *cured* 21st February; he began to amend under *Gels.* and never had any relapse; I merely changed the dilutions 3, 6, 12. He had been attending the General Hospital, and they gave him *Pot. Brom.*, tonics, etc., and made him worse.

*Chronic Pneumonitis.*

31,155.—F. A. M., æt. 24, single. 17th March. ("*Phthis. Pulms.*" was on his hospital paper.) Nearly died from attack of hæmoptysis *three* years ago, and has been under his club doctor more or less ever since, and at the hospital; taken much medicine, *Ol. Jecoris*, etc., been iodined, in fact treated *secundum artem*; looks very ill and wasted, appearance phthisical, tongue red and glazed, bad appetite from the cod-oil—stop that—profuse night perspirations, bad weak pulse, 110, both lungs failing. *Pil. Phos.* (6), 4 *in die*. After taking *Phos.* until 28th April he said his chest got sore, and he raised much pneumonic sputum. I was sorry I was out of the way, for I should have given him either *Phos.* 30 or a *Plac.* He had prescribed *Pil. Ipec.* 1x every three hours. He went on regularly with *Pil. Ipec.* 1x improving. On the 22nd July his pulse had fallen to 86, and he had gained eight pounds in weight! He continued the same medicine until the 9th of November, gaining weight and strength; returned to his work and seemed quite well. This case quite astonished me, *vis naturæ medicatrix*; and it also put me in mind of a similar one when I was a pupil in the Hull Hospital. We discharged a man (as we thought in a deep consumption); he, to our great astonishment, turned up in about a year, fat and well!!

*Ill Effects of Wet Feet.*

28,720.—A. B., æt. 53, married, three children. 28th February. Looks pretty well, got her feet wet, and since

Christmas they got very tender and painful; can scarcely walk; had to have a cab to get home; she seems just as if she was walking on peas; not much swelling, tongue red, no thirst. *Pil. Ledum* (6), 4 in die. Took it until the 25th April and was quite well.

#### *Bursa.*

27,904.—M. B., æt. 42, single. 23rd June. Looks ill, tongue white, bad appetite, weak pulse, catamenia regular, can scarcely walk from a large bursal tumour on left knee. *Pil. Silica* 12, 4 in die. She took *Pil. Silica* 12—30 and *Pil. Plac.* until the 24th September. Quite well.

#### *Chronic Dyspepsia.*

31,280.—C. G. H., æt. 31, married. Looks ill, tongue coated, bad appetite in morning, pain between shoulders, pulse low and weak, bowels constipated; been under his doctor two months; unable to work. *Pil. Puls.* (6), 4 in die. Simple case. Took *Puls.* seven weeks; says quite well and resumes work.

#### *Acne Rosacea.*

27,902.—J. A., æt. 24, single. Fine stout-looking girl, had much eruption all over her face for over a year; had very much treatment; appetite good, catamenia and bowels regular. *Pil. Hep.-S.* (6), 4 in die. She took regularly *Pil. Hep.-S.* 6, 12—30, with a week's *Pil. Plac.* occasionally for six months. Cured. The result of this case proves to me how important it is to keep to one remedy and not change, but I do think she had sadly too much *Hep.-S.*

#### *Interesting Case.—Chronic Bronchitis.*

21,041.—W. P., æt. 62, married. 17th February, 1874. Been in bed six weeks with acute bronchitis, under his club doctor. Looks very bad, lost much flesh, right lung very creaky, left crepitant sounds; pulse quick and weak, tongue loaded, appetite not amiss, coughs much and expectoration difficult. *Pil. Ant.-T.* (6), 4 in die. He continued to improve under this single medicine until the 7th April, and then he had a severe attack of diarrhœa. *Pil. Arsen.* (6), and this he took regularly (improving) to the 23rd of June, and then he said he was quite well and looked so. Curious, the man came again on the 16th February, 1875. Been in bed with a severe attack of bronchitis, been severely treated and sadly pulled down, looks very ill, coughs much, pulse

weak and low. *Pil. Ars.* (6). This he took to the end of April and was cured and kept so, and escaped an attack of bronchitis the following year.

*Sciatica.*

26,015.—J. L., æt. 53, married. 19th February. Fine, stout-looking man, been in bed six weeks with a very severe attack on left side, pain shooting down to his ankle; worse at night and on movement, very lame, in other respects seems well. *Pil. Bry.* 3, *Pil. Rhus T.* 2, 3, 4 *in die*, alt. 3 *die*. These two medicines he took until the 23rd May, and says quite well.

*Chronic Dyspepsia—Weak Heart—Morbus Medicinæ.*

27,103.—J. F., æt. 55, married. 4th November. Looks ill and good for nothing; been ill *two years*, and all that time taking medicine! Says he could not live without; very tender over epigastrium; tongue white, full of wind, pulse weak (56) and very intermitting. Collier, and done no work since his illness. *Pil. Bry.* (3), *Pil. Puls.* (6), 4 *in die*, alt. 3 *die*. Took the medicines regularly until the 27th January, 1877. *Quite well* and working in the pit *overtime* and can do his work well. I am ashamed of the treatment of both these cases. The end only justifies the means used. Why give the two medicines?

*Angina Pectoris and Hypertrophy.*

12,145.—G. H., æt. 45, married. August 25th, 1867. Fine stout man; looks ill; been confined some time to his bed with bronchitis, and much pulled down; pulse very full and weak; tongue coated; lives thirty miles away, and should not have come, only his doctor could not relieve him from his night attacks; wife tells me, after sleeping about two or three hours he starts up, saying, "Oh, I shall die! I cannot get my breath!" Looks very white and deathly, and covered with cold sweat, and it passes off in about half an hour or so. Their doctor tells her she may expect him to go off in one of these attacks; had given him *Cl. Æther* and a lot of other medicines, but had done no good; she found a little whisky bring him round as soon as anything; she knocked up her neighbours last night, for she thought he was dying. *Pil. Lachesis*, 8, *ter die*. Went on improving until 15th September; got wet and a bad cold;

much vascular disturbance, and night attacks not so well. *Pil. Lachesis* (30), *ter die*. This medicine he took with *Pil. Plac.* for ten months, and went on with his work, quite cured. I saw him two or three years after, and he had no return of his night illness. I have had three more good cases of cure from *Lachesis*, where the patient starts up *very distressed*, and with difficult, hurried breathing, after sleeping an hour or two. I have found heart affection in all the cases, left from some previous inflammatory attack. I find *Lachesis*, 30, all-sufficient to cure these cases; no other snake poison will. I have tested *Naja* well by the request of my old friend the late Dr. Russell. He had some idea that *Naja* could take the place of *Lachesis*, but their curative spheres are totally different, nor do I know of any other remedy that cures this peculiar symptom like *Lachesis*.

*Chronic Dyspepsia. Cases of Psora.*

31,278.—S. A. D., æt. 35, single. April 20th. Looks very ill; attacks of nausea coming on at intervals of three or four weeks; catamenia quite regular; much leucorrhœa, tongue very coated, appetite good. *Pil. Pulsatilla*, 6. Took this only until the 17th June, and was quite cured; had been taking much medicine from the general dispensary.

25,352.—J. G., æt. 53, married, three children. Big stout woman; been ill two months; pain in left infra-mammary region; *heart feels as if pressed with some hard substance*; weak pulse, tongue glazy and white, no appetite. *Pil. Cactus* 6. Took it for a month, and says quite well.

30,978.—J. C., æt. 52, married. February 7th. Used to suffer from rheumatism, feels very weak and very tremulous in lower extremities, pulse very weak, tongue white, feet burn so at night that he cannot rest; *great epigastric sinking*; fine man, but looks very worn and ill; been taking much medicine, and getting worse. *Pil. Veratr.-A.*; took this and 6 and *Pil. Plac.* occasionally until 24th July, and got quite well.

28,279.—C. T., æt. 31, married, seven children. Been under her doctor more or less since confinement, and having tonics, etc.; suckling child six months old; catamenia regular; very nervous, stout and looks well; quick, weak pulse; *vertex* pain and vertigo, very *chilly*. *Pil. Gelsem.* (3), 4 *in die*. She at once began to improve, and only took *Gels.* 3, 6, to the 9th December, and says she feels and is quite well.

12,481.—S. A. S., æt. 22, single. January 5th. Has psoric eruption for four years on both hands, and more especially between her fingers, very itching; seems well in health, and looks so; been taking much medicine, *Liq. Arsen.*, *Sulphur*, etc., and using ointments. *Pil. Rhus T.* 6 *ter die*. Was under my treatment *seven* months, and took *Pil. Rhus* 6, 12, 30, with *Pil. Plac.* occasionally, and was quite cured.

1,255.—S. B., æt. 32, widow. February 12th. Been ill eighteen months with very itchy, irritable, fissured eruption on hands and fingers and on plantar surface of feet; vesicles dry into branny scales; seems in good health. *Pil. Rhus Tox. ter die*; took *Rhus* 6, 12, 30, with occasional *Pil. Plac.* to 28th June. Cured.

25,274.—S. R., æt. 38, married. August 16th. Very itchy vesicular eruption on upper lip *for two years*; had much treatment for it; seems well in health. *Pil. Rhus Tox.*, 6 *ter die*. Took this regularly to the 8th November, and was quite cured.

18,539.—S. E., æt. 56, married, collier. May 10th. Man looks ill; been ill between three and four years; under several doctors and a herbalist for psoric, itching, and very irritable eruption on upper and lower extremities, worse on the hands and wrists; tongue crusted, pulse weak. *Pil. Arsen.*, 3, *ter die*. He took *Pil. Arsen.* 3, 12, 30, with occasional *Plac.*, to the 27th December. Cured.

I am sure we do wrong in changing the remedy in these inveterate cases. The man wonderfully improved in health.

(To be continued.)

[*Editorial Note.*—Exception having been taken to the numbers of Dr. Bradshaw's cases, we may just remark that they are the actual numbers under which they are found in Dr. Bradshaw's Dispensary Case-Book. Dr. Bradshaw is an eminent homœopathic physician now out of practice; and these "Gleanings" are just the *chief points* in each case copied out by our veteran colleague *at our special request*. These cases are to us most instructive and encouraging, and we are glad to see that they are being translated from our pages into Spanish.—ED. H. W.]

## THE ALLEGED LEAD-POISONING CASE AT KEIGHLEY.

THE adjourned inquest relative to the death of Wilson Riley, mechanic, of Keighley, which took place on the 26th of August, from supposed lead-poisoning by drinking the town's water, was held yesterday at the Court House, Keighley, before Mr. T. P. Brown, Coroner. The Keighley Local Board were represented by Mr. Tindal Atkinson (instructed by Mr. George Burr, clerk), and the following members of the Board were also present:—Messrs. R. L. Hattersley (Chairman), J. Leach, and B. S. Brigg; Dr. Roberts, Dr. Dobie, Dr. Jack, and others. It will be remembered that the case was adjourned from last week to allow of the Local Board to call Professor Tidy, of London, as a witness, with the object of rebutting the evidence of Mr. Allen, the West Riding analyst.

Charles Meymott Tidy, M.B., Master of Surgery, and medical adviser to the Home Office, was examined. He said he had had great experience in cases of poisoning. He had been called upon to make analyses in several cases of lead-poisoning. He had never had before him a case of death resulting from chronic lead-poisoning. Lead-poisoning was not the actual cause of death, but it had preceded death. Deaths caused by lead-poisoning were very rare occurrences. When lead-poisoning was very advanced he invariably found paralysis of the muscles—especially the muscles of the wrist. He did not know of any case of lead-poisoning but what was attended by paralysis of some kind, but during his experience he never knew of an actual death from lead-poisoning. Granular disease of the kidneys resulted in some cases from lead-poisoning. He had read Mr. Allen's report, and he was astonished to see the small amount of lead found in the system, for in one case, which had not resulted in death, he found five grains of lead in the spleen and four grains in the liver. Iodide of potassium was a remedy against lead-poisoning, but it was difficult to get it from the system. The effect of iodide of potassium on the system was to render the lead insoluble and inert. It was very difficult to say in this case what was the cause of death, because he was not present when the post-mortem examination was made. There was very little lead found, and that led him to suppose that death had probably been caused by granular degeneration of the kidneys. There was no evidence of disease of the nerve centre.



Dr. Jack, who attended the deceased, was recalled, and made additional remarks. He said the deceased vomited, but the vomit had not the appearance of being caused by disease of the kidneys. The deceased was never above the natural heat. The temperature always rose from inflammation. The deceased's breath had a peculiar fœtid odour, which he had never noticed before, except in cases of severe lead-poisoning. He also complained of pains in the arms and legs, which constantly shifted. Shortly before death convulsions set in, and the deceased was attacked by severe pains. At this point he wished to read a paragraph from a medical work.

The Coroner said there was no necessity for it.

A Juryman: You must read it, and not have it all your own way.

The Coroner: I must decline to hear it.

The Juryman: Are you going to have your own way?

The Coroner: Yes.

The Juryman: Well, then release me, and I will go. The Local Board were allowed to read extracts; therefore the doctor ought to be allowed the same privilege.

The Foreman: I think it would satisfy my colleagues if it were read.

The Juryman: Are fourteen of us to be ruled by one man?

The Coroner: I only wished to save time.

The extract was then read.

By the Coroner: Dr. Jack said all the medical men were of opinion at the post-mortem examination that the deceased had died from lead-poisoning.

By the Foreman: Did you consider the deceased's kidneys so far degenerated as to cause death?—No.

By Mr. Atkinson: Dr. Dobie and himself had conferred together since the last inquiry, the result being that he gave the additional evidence.

The Coroner asked Dr. Tidy if the additional evidence had altered his opinion in any way, and he received an answer that it had not.

The Coroner, in summing up, said the jury need not attach any importance to the small quantity of lead found in the deceased.

Mr. Atkinson, addressing the jury, said whatever the result of the inquiry might be, he was instructed by the Local Board to say that the most searching investigation would be made with regard to the town's water.

The jury retired to consider their verdict, and after being absent for two hours, the foreman handed in the following verdict:—"We are of opinion that the deceased, Wilson Riley, died from granular disease of the kidneys, but how caused we are unable positively to say; but death was accelerated by lead-poisoning."

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### HEALING THROUGH FAITH.

IN all matters mundane, when we poor mortals yet beyond our earthly powers and are in distress, we are apt to fall back upon the supernatural. On the subject of "Faith Healing," we give the following from the August number of the *New England Medical Gazette*. The method of so-called "Faith" healing having recently assumed considerable proportions again, we can but look carefully in the face, and see what it is that commends it. The age of superstition is not yet passed, since devotees of this method may still be found, even among otherwise intelligent and sensible people. Professing to be cured, no matter what the disease or its cause, by a wholly absorbing faith in a divine power, the patient is expected to renounce all else. If he is not cured, the only reply is, "Your faith is not great enough."

As we look at all this, trying to stand on the firm ground of common sense, one aspect of the case is especially striking. The universe in general, and we, as a part of that universe, are governed by certain fixed laws and principles which existed throughout all time, and will eternally exist. They do not represent the capricious purposes of any power, even a divine one. If those laws are broken, evil results follow as surely as night follows day. As true scientists, we must recognise this; and we continually see the results of these broken laws in diseased and unhealthy conditions existing around us at all times. It is our life-long labour to correct these evil conditions, and the first step is to bring the deranged systems into harmony with the whole chord of nature.

But what does the "faith" healer say? "The Lord would rather have you well than ill; all you must do, therefore, is to believe that and unreservedly surrender yourself into His hands. Have implicit faith, and you are well!" He ignores all the fundamental principles of life, and asks the Lord, a divine and illimitable power, to change all the

underlying principles of a great universe to fit their morbid conditions, and so bring them back to health. They ask for something, which from its very nature is impossible. If granted, a discord is sent through the universe, the far-reaching effects of which cannot be estimated. The blind selfishness of such a belief destroys it. While curing this miserable diseased body—diseased through its own ignorance or folly, or that of its ancestry—all recognised laws are changed, as well as those of which we have no conception, and the man, who, having lived a healthy, natural life for a time, finds that his years of patient observation and effort in order to keep himself in accord with nature have gone for nothing, must live henceforth a haphazard existence, subject to the caprice of the divine will. This is, in reality, what the “faith” healer asks and teaches: literally, that an exception be made in each individual case of disease; and we do not hesitate to affirm that this belief exists only through extreme egotism and egregious selfishness.

The divinity of the laws of the universe consists in their absolute and unconditional unchangeableness. Change them only once under these conditions, and they become finite, limited, capable of endless variation.

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### ACUTE MILK-POISONING.<sup>1</sup>

By E. F. BRUSH, M.D., Attending Physician to the New York  
Infant Asylum.

MANY of the diseases affecting the digestive organs in infancy are nothing more nor less than milk-poisoning. This is absolutely the cause of *cholera infantum*. I think we should be justified in dropping entirely from our nomenclature the term *cholera infantum*, and calling the disease which has hitherto borne this misleading name by its real term, “acute milk-poisoning.” We would thus simplify the treatment by keeping before the practitioner the true cause of the disease, and no other suggestion would be necessary to indicate that the poison ought to be stopped. This is not done now, nor do the text books point out the absolute necessity of this being done. There is no doubt, too, it will not be done as

<sup>1</sup> Read before the Westchester County Medical Society, September 12, 1882, and published in various American medical journals.

long as we account for the disease by teething, excessive heat, brain troubles, and so forth. When I tell you, gentlemen, that I have looked to the health and feeding of more than two hundred children this summer, and have not lost one by any acute intestinal disturbance, you may concede to me the right to speak; and when I have given you the facts winnowed from a year's observations of diseases caused by milk, I cannot but feel you will agree with my conclusions.

Even if we had not facts it seems to me that we could theorise to the same conclusions. Our cows are secreting milk abnormally, and I use the word "secreting" in the sense we understand it physiologically. We keep up the activity of the mammary gland from parturition to parturition—this is, through heat and pregnancy. This process being carried on through generations in the bovine race has resulted in the mammary becoming an excretory gland. When a milking cow eats food which would cause diarrhœa in other animals, she simply gives more milk, and the bowels are seldom much disturbed; but the poison is conveyed to the infant. As on this fact much of my argument is based, and to show that it is no new fact of which I am the solitary observer, I quote the following statement from J. P. Norton, M.A., Professor of Scientific Agriculture at Yale College:—"All the effects of poisoning may be produced by the milk without the cows being apparently affected by the pasture." Now, the conditions that render milk poisonous are:—

1st. *Feeding.* The sudden change from the dry food of winter to the full flush of grass, picking up green fruit, eating brewers' grains, which make the milk more albuminous, and, therefore, more prone to putrefaction with the increase of summer temperatures, eating poisonous weeds, and drinking poisonous stagnant waters.

2nd. *Treatment.* Dairy farmers endeavour to have their cows calve in spring time, when the grass is plentiful, because then the feeding is cheapest and the amount of milk to be got is greater. Now, if a cow calves in May, she is usually in heat again in forty days, this brings the period to the last of June or the beginning of July. If she were allowed to become pregnant then, her calving time would occur too early next year to get the flush of milk at grass time. Consequently she is allowed to worry and quite often excite the entire herd. This condition affects milk so perniciously that cheesemakers exclude it from the factory; the odour sometimes is perceptibly putrid, and almost always easy to detect

when the milk is heated in a water-bath. Again, the milk is affected when the cow takes the bull. I have found by observation of my own cows that the milk following the act is always decidedly acid. In the subsequent pregnancy there can be no doubt that the nutritive quality of the milk is lowered. Last, but not least in the treatment of milch cows as a cause of poisonous milk, is the cruel abuse to which they are subjected.

3rd. *Diseases which space will not at this time permit me to enumerate.* I will, however, here record my observations on a very common disease in milch cows—common because it occurs frequently and requires little or no treatment, and the milk thus affected finds its way to the market, to convey poison to the children. Last winter I made an experiment on one of my own cows. I bruised one quarter of the udder, thus producing traumatic garget. This often occurs in pastures by the cow striking the udder against stumps and the like. I found the milk from the gland in the affected quarter for a number of days stringy, lumpy, and pus-like, but always alkaline. The milk from the three unaffected quarters presented no abnormal appearance; but, while the traumatic condition existed, was always decidedly acid. When this condition had lasted four days, I gave to one of my own children, aged sixteen months, about four ounces of this acid, normal-appearing milk. This was at five o'clock in the evening. The child fell asleep, but was awakened in two hours, crying, apparently with stomach-ache. She was kept awake till past midnight, and a large quantity of acid was voided *per rectum*. The next day the bowels were slightly disturbed. It is easy to imagine, if four ounces had this effect, what would be the condition if the child had been fed continuously on such milk.

Returning to the results of treatment, I will cite the following case. One Saturday afternoon, while watching some boys playing ball on the common, I noticed a herd of ten cows feeding in an adjoining lot, attended by the owner, a milkman. Suddenly a cow came running to the herd, and mounted the first cow she reached. The owner of the herd picked up some stones and pelted the offending cow, but was unable to drive her away. She continued to mount the cows as they came near her, till finally the entire herd became excited. Then a woman, the owner of the bulling cow, came and attempted to drive her home, but could not do so. Then her boy, a lad of ten, armed with a big stick,

came and pounded the cow considerably, but without separating her from the herd. Finally the old man made his appearance, carrying in his hand a heavy whip. He walked up to the cow, gently holding out his hand as if to feed her, and when close to her laid on the whip quite severely, with the effect of calming her immediately. She trotted for home, he running behind her, giving her a blow every time he came close enough. When she was in the yard (a small enclosure) he beat her for several minutes, and after she was in the stable I could hear an occasional blow. This all occurred just before milking-time. I was deterred from making an attempt to prevent this cruelty, because of the opportunity thus presented to observe the effect of milk from a cow thus treated in the feeding of children. This occurred in my own immediate neighbourhood, and I knew that if any children were taken sick I would hear of it. As soon after the occurrence as possible I called on my friend Dr. Campbell, and related the affair to him, asking him to find out who received milk from the cow, as the owners were patients of his. On Sunday evening he was called to see a child, eight months old, who had been attacked on Saturday night with sharp pains. It had been kept awake all night; it had suffered mild attacks of diarrhœa during the summer, but had never before been disturbed during the night, the attacks always passing away with treatment. This attack, besides keeping the child awake, was accompanied by constant vomiting, which had not characterised any of the previous attacks, and there had been eighteen movements of the bowels in twelve hours, mostly green and undigested milk, an occasional discharge of dirty, mud-coloured, watery, and offensive material. The child was very sick, and developed profound symptoms of *cholera infantum*. The doctor inquired on what the baby had been fed, and the answer was, "The bottle, with the milk of one cow." On further inquiry, he learned the milk had been procured from the above-related cruelly-abused cow. The child recovered because the poison was stopped, although he was sick for several days.

This accidental observation is not an unusual occurrence. It, or something like it, is happening every day, though we may not be able to follow it up so closely. Take, for instance, the small dairy, with its four or five cows, not sufficient to pay the expense of keeping a bull. The rutting period occurs in the hottest weather; one of the farm hands

is directed to drive the cow to the bull, perhaps a distance of two or three miles. Usually he is armed with a big stick, and the cow, especially in this condition, is loth to leave the herd without some emphatic persuasion. She is prodded, attacked, run round the corners, and the ordinary farm-labourer, when he has run fifteen minutes, is apt to get mad. There is no doubt that cases of this kind, if we follow them up, would reveal a like result of acute milk-poisoning.

The following cases of acute milk-poisoning, arising from causes not discovered, are interesting as illustrating this condition :—

On a Sunday afternoon a friend of mine called me hurriedly to see his child, a baby ten months old, and bottle-fed. As he thought it was dying, I obeyed, and was soon at the house. On my arrival I found the child in a profound tonic convulsion. I learned from the parents that I was called in the absence of their regular physician, who had seen the child three hours previous. The sickness had commenced the day before. When this physician had seen the child that day, he inquired on what it was fed, and was told "Milk and one of the patent foods." He approved of the diet, and left some medicine. The parents had no idea the child was very sick, so they fed it, and it went to sleep. They went down to dinner, but returning afterwards to the room where the baby was, they found it struggling in a convulsion—the convulsion it was in when I came. I immediately wrapped the child in a cold, wet blanket, and endeavoured to get a little brandy into its mouth, abstaining from any other treatment, as I knew the attending physician would be in immediately. He came a few minutes after my arrival, when I surrendered the case to him. The father wished me to stay, and I did so, simply watching the case. When the child was recovering from the convulsion it vomited several large masses of solid caseine, and its bowels were moved several times. When the convulsion had completely subsided I took my departure, but was again called between six and seven in the evening. When I reached the house the child was dead.

On the next day (Monday) I was called to see a child nine months old, bottle-fed, who received his milk from the same farm, and had been suffering from a severe diarrhoea since the preceding Friday. I found the child very sick, vomiting and purging. The alvine discharges were mostly green and watery, occasionally mud-coloured. I directed that he should

receive no milk under any circumstances whatever, but be fed on beef-solution and oatmeal water, and receive every hour a teaspoonful of the following :—

R Tr. opii, m. j.  
Tr. ferri, m. viij.  
Aqua, oz. j.

The next day I found there had been no abatement in the number of movements of the bowels, but there had been no vomiting. I changed his food to kumyss, and he required no further treatment till two weeks later, when I put him on other food simply for economy. He has continued to do well ever since. Is there any reason why we should not call these cases "milk-poisoning"? One with treatment and a continued use of the milk died; the other, with no treatment to speak of but stopping the milk, made a good recovery. I cite these cases not because they were the only ones observed, but because, occurring simultaneously, and getting their poison from the same source, they illustrate the necessity of calling the disease from which they both suffered "acute milk-poisoning."

These are some of the conditions that are regularly every year swelling the rate of infantile mortality. Usually, the beginning of summer complaints in fed babies is at the time when imperfect, worm-eaten green apples are falling; it is continued through the rutting, bulling, and conceiving period, to reach its fiercest condition when the pastures are dried by the usual autumn droughts, when the cows eat the poisonous herbs that they had avoided when the grass was green and plentiful.

Some years ago in the Alleghany districts, owing to some poisonous herbage, the cows secreted a milk which was poisonous. As this region was remote from a city market, the natives were compelled to consume their own milk, and were not long in finding that a disease from which they all suffered was caused by the milk; its use was quickly stopped, and every visitor to the district was advised to abstain from it. They had no statistical tables to consult, and did not find that the sickness increased as the thermometer rose; they had no way of accounting for the disease except from its simple cause, milk, and therefore they called it simply "milk sickness," and invoked the power of the Government to suppress it.

We physicians of Westchester county, surrounded as we



are by the thousands of cows that supply the city with baby-food, are in a position to teach the city teacher the truth regarding the cause of the most fatal malady from which the city child suffers during the tedious heats of summer. I have once before appealed to you to bestir yourselves in the question of procuring legislation to regulate the milk supply.

Although no advance has been made, I do not lose hope, but appeal to you still.

Let us make ourselves familiar with the sources which supply the milk to the babies under our care. The dairy farmers are sadly in need of intelligent instruction; none of the works designed for their use teach them the dangers of poisonous milk. Even our boards of health are not treating the subject intelligently. There is much to do. All the conditions producing poisonous milk are not yet discovered, but we can teach what we *do* know, and while thus teaching may discover new facts.

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## FILTERS.

Now that the causation of disease by germs has from a theory become a fact, confirmed by the experiments of Pasteur and others, and as water is known to be the common vehicle by which these germs are conveyed into the human system, the question of how this is to be prevented becomes an interesting and important one. Many people will say, "Filter your water, and the danger disappears." Filtration is not so efficacious or so simple a proceeding as many imagine. Most filters are merely strainers, preventing coarse particles passing through the sand, smaller stones, or charcoal, which form the filter, but not preventing minute matter such as Mikrokokus (the supposed cause of cholera) or other germs from being found in the water said to be filtered. Again, filters of the above description require frequent cleansing, which, neglected, makes them condensations of filth and centres of disease. The head of a family dependent on filters which are strainers only, should make it his duty to examine these machines at regular intervals. Readers of the above may say if sand, or small stones, or

charcoal are only strainers, what substance in nature will purify water, and prevents accumulation of filth in filters. The answer is iron. For ten years I have used a filter in which magnetic iron (loadstone) is the filtering substance, and in which from the chemical action produced by the water, all impurities are burned up and changed into carbonic acid, making the water sparkling and agreeable. For ten years the filter has not been washed out, and is now as clean as on the first day it was used. Where these filters are to be obtained my readers must find out, as I did. Not being an advertising medium, I write only in the interests of the public. What I have stated has been attested by Hawkesley, Wyatt, Frankland, and other eminent authorities in water engineering. There is also another form of iron called spongy iron, which is much used for filters, and which is also a purifier as well as strainer, acting chemically on the water, and destroying the germs of disease. Magnetic iron has this important advantage over spongy iron, viz., it does not require renewing. Spongy iron must be renewed at least twice in twelve months. My experience of ten years and the present state of my filter confirm the above opinion. If by the filtration of water through iron (magnetic or spongy) much disease may be avoided by the destruction of germs that cause it, so also may long-enduring unhappiness in the loss of those we love be escaped by the use of so simple a domestic remedy.

FENUM.

## THUJA IN VERRUCÆ.

BERTIE S., aged five years, light complexion and full habit, was afflicted with "warts for a fact." The hands were literally covered. They also grew out of the corners of the nostrils and the mouth, and the chin presented a frightfully disfigured aspect. The father, a prominent druggist, had tried caustics for more than a year; but the warts only seemed to increase. I should think that in all there must have been seventy-five warts, varying from the size of a pin's head to that of a half-dime. The mother called on me. I gave the child one dose of *Thuja* 73m with *Sac. lac.* for one week. This was interfered with by the administration of allopathic drugs for sore throat. At the end of the week one dose more of *Thuja* 73m, *Sac. lac.* for ten days, at the end of

which time there was a very perceptible decrease in the number of warts. Five weeks ago the third dose of *Thuja* 73m was given; and as I passed the house yesterday I was called in to look at my wart case. The last wart had that day "like an Arab folded its tent and peacefully passed away." Now there is a little history in this case. The father, a retailer of strong drugs, poked all sorts of fun at the mother for putting any "faith in them little sugar powders." And to cut off the edge of this ridicule, she urged me to give her "something to put on the warts." Nary time did I. Now it is the mother's turn to laugh, and she told me that her husband is dumbfounded, and a convert to the virtue of Homoeopathy. All he said was, "Well, the man that can cure warts that way, ought to make hair grow." *He's bald.* They disappeared in the order in which they came, the largest and oldest going first, and each turned black just before it disappeared, leaving a beautiful white cuticle. I believe one dose of *Thuja* would have done the work, had it not been interfered with. 73m, "How's that for high?"—R. F. G. in the *United States Medical Investigator*.

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## NATRUM MURIATICUM IN PERTUSSIS.

By J. C. BURNETT, M.D.

IN the cure of whooping-cough it is often not very easy to get the right remedy by reason of the paucity of differential symptoms; still when there are any such symptoms, the right remedy is not long in worsting the cough. When watering from the eyes, particularly when "the tears stream down his face whenever he coughs," is a prominent symptom, then my old friend *Natrum Muriaticum* will be found to cure said cough together with its concomitants.

I could cite several such cases from my late experience. Let one suffice.

A young boy was brought to me on October 15th, 1881, suffering from whooping-cough. It was not a specially severe case, although he was chest-weak, and the mother declared it to be a very bad case. It was only moderately severe, but the salient symptom was the eyes filling with tears whenever he got a paroxysm of coughing.

R. *Natrum Muriaticum* 30. One pilule four times a day. The cough was quickly modified after the giving of the medicine, so that in a week he was reported very much better, but it was five weeks ere the case could be pronounced really well. The patient had no other remedy, and no change was ordered either in his place of abode or diet. The case was fresh, and it is just conceivable that the epidemic was a mild one, and that the disease ran its natural course unaffected by the *Natrum Muriaticum* 30. Anyhow, the mother of the child was very much pleased with the behaviour of the cough after the pilules had been given, and *she* has no doubt about the efficacy of "the little white pills." Does a mother usually know whether her child with the whooping-cough is mending? *Who* is it that generally jumps up affrighted in the night at the horrible whoop?

London, December 28th, 1882.

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## LITERATURE.

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### SUPRAPUBIC LITHOTOMY.<sup>1</sup>

THIS is a beautiful monograph, in the old-fashioned quarto style, by one of the first surgeons of the day—perhaps it would not be too much to say, by the first surgeon of the world, for we do not know his equal, take him for all in all.

The high operation for stone is one of those fascinating questions that seem to bob up and down in the ocean of time. At one period it is lost, and the waves of oblivion have swept over it, when, lo! there it is again high on the tide that leads on to—well, if not to fortune and to glory, at least to a respectful reconsideration of its claims. It is

<sup>1</sup> Suprapubic Lithotomy (the High Operation for Stone—Epicystotomy—Hypogastric Lithotomy—the High Apparatus). By Wm. Tod Helmuth, M.D., Professor of Surgery in the New York Homœopathic Medical College, Surgeon to the Homœopathic Hospital on Ward's Island, etc., etc. Illustrated with eight lithographic plates and numerous engravings on wood. New York and Philadelphia: Boericke and Tafel. 1882.

a good many years since we looked into the merits and demerits of epicystotomy, and all we remember now is that everybody condemned it as bad, and we—fully concurred. In fact, we felt that whatever old chirurgical ghosts might, in the run of time, be hauled out of the limbo of forgetfulness into the garish light of these hyper-sceptic days, at least the suprapubic cutting for stone was—dead, as dead as the subjects on whom it has been so often tried.

In this frame of mind we open Professor Helmuth's monograph (quite an *édition de luxe*, by the bye), and here is the gist of what our genial colleague says:—*The high operation is the best of all cutting operations for the extraction of stone.* The work before us is most exhaustive, and shows its author to be not only a surgeon *with a dexterous hand*, but also a man with a good head, which is a *capital* quality not too often found in the Knights of the Knife. Surgery is a little out of our line, so we break off, merely thanking our friend Professor Helmuth for proving that even in surgery the homœopaths are—*first*.

As a mere literary production it is of permanent interest, and all genuine surgeons will be delighted with it.

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## A HANDBOOK OF HOMŒOPATHIC PRACTICE.<sup>1</sup>

It is out of no disrespect to Dr. Ockford that we have so long delayed our notice of this work, but merely from the want of time to examine it thoroughly. A great objection to it is that it supplies no want: handbooks of homœopathic practice of this type and style are to hand in full and plenty, and on the whole we think it a pity to multiply them without improving them. As a pot-boiler it may pass with its rather large number of errors. Let us, for instance, turn to page 144, where we find a chapter headed "*Valculal Diseases*" (!), and then read a few lines till we find our author writing of a *flowing* (!) sound, and, two lines lower, of *dilitation* (!), and five lines lower there is another mistake; and then we shut the book, and wonder why the—Duncans ever published it, for such work disgusts the scholar and

<sup>1</sup> A Handbook of Homœopathic Practice. By Geo. M. Ockford, M.D. Chicago: Duncan Brothers. 1882.

deceives the ignorant. There is room for books of all sorts for the profession and for laymen, but *at least* let us read our proof-sheets the evenings we dine at home.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

### DR. SHULDHAM ON IPECACUANHA AND ITS ACTION ON THE EYE.

DEAR EDITOR,—There has been a good deal of controversy in your columns about the specific action of *Ipecacuanha* on the eye. Will you allow me to add a mite of experience—not my own, by the way?

Some fifteen years ago a relative of mine was staying in Paris for a few weeks in autumn, and during this time she had an attack of conjunctivitis. She sent for a practitioner of Homœopathy, and to the best of my recollection Dr. Tessier was her medical attendant. In course of conversation she said to him, "If you had not seen me this morning I should have taken *Aconite* for the inflammation in my eye."

"Ah," said Dr. Tessier, "I will give you something better than that for your inflamed eye, and that is *Ipecacuanha*."

He prescribed this medicine in globules, I do not know the dilution, and with speedy relief to the inflammatory symptoms.

Now I may add that my relative had suffered from an attack of acute glaucoma a couple of years previously and had the gouty diathesis. I may also add that the application to the eye of soft linen rags dipped in cold water gave relief. Cold applications soothed, not warm.

Some may consider the action of *Ipecacuanha* on the mucous membrane of the eye as purely mechanical, but the same argument may be used in favour of its action on the bronchial mucous membrane. My own belief is that the so-called mechanical action is a truly specific action, and, as in the case of hay pollen, *Ipecacuanha* has a greater affinity for some mucous membranes than for others. Instead of wrangling, as we are eternally doing, in our small archery ground about

the goodness of our own especial bow and arrow and of the inefficiency of our neighbours' weapons, is it not better to admit that a brother archer can hit the mark as well as ourselves? Why not say, in the words of Shallow, before a brother dies, "He shot a fine shoot"?

And is it not more profitable to write a page full of clinical cases than a page full of unfriendly criticism on a colleague's work with an anonymous signature to boot?

I am, dear Editor,

Yours truly,

5, West Street, E.C.

E. B. SHULDHAM.

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### DR. WANSTALL ON IPECACUANHA AS AN EYE MEDICINE.

DEAR SIR,—As reference has been made in several numbers of your journal to the action of *Ipecacuanha* upon the eye, and as you think the recorded symptoms may be, and probably are merely local, it may be profitable to call attention to its clinical use in some diseases of the eye.

"Jousset's Clinical Medicine" (Ludlam) makes numerous references to its value in scrofulous affections of the conjunctiva and cornea. My attention was called to this by Dr. Mabury Brewer, of this city. Acting upon this hint, I used it at the dispensary in a large number of cases of pustular conjunctivitis and keratitis, and with results that were truly surprising.

I called Dr. Norton's attention to this action of *Ipecacuanha*, and in the second edition of the "Ophthalmic Therapeutics" he refers to it as having verified my experience, and in addition gives symptomatic indications for its use. I have been unable to define any special conditions or symptoms as calling for *Ipecacuanha*, with the exception that it seems to be more efficacious when the pustular affection involves the conjunctiva in preference to the cornea, and this is also Dr. Brewer's experience. Otherwise I have used it indiscriminately; in the absence of special indications for other drugs, for pustules on the conjunctiva and corneal border.

Jousset recommends the 1st decimal trituration. I have used mostly the 3rd decimal trituration, never lower; I have also used pellets of the 3rd, 30th, and 200th dilutions, likewise with good results, although I am inclined to prefer the lower trituration, and, perhaps, only on account of a preponderance

of experience with it. The above may prove useful to the practitioner in the treatment of this common and obstinate affection.

ALFRED WANSTAL, M.D.

228N, Eutaw Street, Baltimore, Ind.,

February 15, 1883.

[We haul down the flag and admit that Cephaëlis deserves its name! Dear Dr. Wilde, you will have to alter that sentence in the next edition.—Ed. *H. W.*]

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### DR. GREGG'S REPLY TO DR. THOMAS.

DEAR SIR,—I have only just seen and read Dr. Thomas's criticism of my views on bacteria and tubercles in your journal of January 1st, 1883, and have no time now, that I can possibly spare, to take his points up in order and reply to them. Therefore, until I can get time to do so, will you insert the following, written for another purpose three or four months ago, but which bears directly upon the same general subject, and is not wholly irrelevant to some of the points Dr. Thomas makes? By so doing you will confer a great favour upon

Yours fraternally,

R. R. GREGG, M.D.

Buffalo, February 24, 1883.

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### TUBERCLES NOT CAUSED BY BACTERIA.

By ROLLIN R. GREGG, M.D., Buffalo, N.Y.

In preparing the following summary of a few facts bearing on phthisis, I have not overlooked the claim by Professor Koch, of Berlin, heralded to the world last April through the *London Times*, by Professor Tyndall, of England, that tubercles and tubercular cells are caused by bacteria. On the contrary, that claim has been carefully considered, and, with the positive language in which it was communicated before me, I nevertheless do not hesitate to say that bacteria *do not and never did cause tubercles*.

In every tubercle, and in every tubercular cell, there are granules and fibrils of fibrin, that have been coagulated into those forms, under the congestion attending the development of the tubercle, or under the inflammation that leads to its



softening, or by both such congestion and inflammation; and it is these granules and fibrils of fibrin that Professor Koch has clearly mistaken for bacteria. They are exactly like bacteria; that is to say, said granules and fibrils are of the same size, shape, and colour that all authorities say the bacteria of disease are, and they occupy the same localities in the body, under the same circumstances, that bacteria are said to occupy, and demean themselves in precisely the same manner under all similar conditions.

Now, these are *scientific* facts which cannot be set aside by ignoring or neglecting them; but neither Professor Koch nor Professor Tyndall has made the *slightest* allowance for them. Therefore, with all due deference to these great scientists, it is fair to assume that neither knew of the presence of said forms of fibrin in every tubercle; or, if they did know of them, and of their similarity to their claimed bacteria, they are very culpable for not stating the facts, and for not making some effort to find out and tell us which is which of these precisely similar forms, before going to the world with such a claim.

Besides all this there are dozens of other important points in consumption which the bacteria theory makes no pretence to explain, and could not explain if it did. It simply has no bearing whatever upon those points, a few of which we will now enumerate.

Ever since the time of Laennec, at least, or from the first of this century, it has been well known that two kinds of tubercles are developed in all, or nearly all, cases of consumption—viz., the grey or *semi-transparent* tubercles, and the yellow tubercles. The bacteria theory, however, has not the slightest explanation to offer as to the reason of this difference, although it is very simple, as will be seen further on.

Neither does that theory tell us why there is the greater emaciation in consumption than in other chronic diseases that are as protracted or more so, and where the suffering is as great or greater. Nor does it explain why the blood of the consumptive is so "poor," "thin," or watery, or why the almost universal night-sweats and dropsies of such subjects. It says nothing whatever of the true reason of the universal adhesions of the lungs to the inner surface of the ribs, to the heart, or to each other in consumption; it tells us nothing as to why "fatty degeneration" of the liver is so common in this disease; it has nothing to say about the enlarged joints, the chalky deposits, or the calcareous con-

cretions of tuberculous subjects, or the reason thereof; and it gives no reason for many other facts in consumption that go to make up a harmonious whole.

But there is an exceedingly clear and simple reason, or one *immediate* cause for all this—a *key* to the whole subject that can be easily understood by the commonest minds; and that is a *loss of albumen from the blood* in the expectoration and other catarrhal or mucous discharges of such subjects.

This loss of albumen *wastes* just so much of the most nutritious element of the blood—robs the muscles of a large part of their only food, hence they first become flabby, then wither to almost nothing as the increasing waste goes on—and hence the characteristic and greater emaciation in consumption than in other equally protracted diseases where albumen is not lost, or at least not wasted so freely.

Such loss also throws all the constituents of the blood into a disproportion, leaving a relative excess in the circulation of water, blood corpuscles, fibrin, fatty matters, salts, etc.

The *excess* of water thus left is what makes the blood of the consumptive so thin, or watery, and causes it to get more and more watery, as more and more albumen is lost in the progress of the disease, until nature sets up night-sweats as a conservative effort to get rid of as much of such excess as she can in that way, to avoid worse immediate results; then, later, dropsy appears, which is still a struggle, and the last one, to cast the now still greater excess of water out of the bloodvessels, and thereby preserve life a little longer than she could with all that water retained.

The *excess* of blood corpuscles left in the circulation leads, in the first instance, to all the primary hæmorrhages of consumptives,—to the “nosebleeds” of catarrhal children with inherited tendency to consumption, to the excessive menstrual hæmorrhages of many females of like tendency, and to all the other primary hæmorrhages of such subjects; while later, said corpuscles in excess cause the congestions that precede the formation of tubercles; and later still they are decolourised under such congestion, and the inflammation thereby excited, to yellow tubercular corpuscles. Or, in the last stage of consumption, when the blood becomes very watery, and in some cases even earlier, many of the blood corpuscles are entirely decolourised to transparency while circulating in the too watery serum; and it is a deposit or congestion of these transparent corpuscles in the capillaries, or smallest bloodvessels of any part, that makes the *semi-*

*transparent* tubercles of Laennec; while those that are decolourised by inflammation make the *yellow* tubercles.

Thus it is that nature furnishes a clear and simple reason for everything she does, and here, in these two different methods of decolourising the blood corpuscles, we have the simple explanation, and first true reason ever given, for the difference between grey and yellow tubercles—with which bacteria have no more to do as a cause and can no more explain, than they have to do or can explain the precession of the equinoxes.

The *excess* of fibrin left by loss of albumen is, in part, poured out around congested masses of blood corpuscles (whether these are decolourised before their deposit, by the too watery serum, or after by inflammation), and there organises to form a tubercle of the whole mass. Said excess of fibrin is also, in part, extravasated to form the plates, bands, and cords of fibrin that adhere the lungs to the ribs, or to each other; and, in part, in other ways.

The *excess* of fatty matters thus left in the blood causes the fatty livers, and other fatty growths or degenerations so common in consumption.

The *excess* of salts, by deposit about the joints, or in other parts, to get them out of the blood, causes the enlarged joints, chalky deposits, calcareous concretions in the lungs or elsewhere, which are also common in consumptive subjects, etc.

Even the thickening, curving, and ridging of the finger-nails of consumptives is due to the loss of albumen, leaving an excess in the blood of the material which goes to make the epithelial cells, of which the nails are constructed; and nature appropriates said material to an increased growth of those cells, in the nails, to get it out of the blood, there, where it can do no particular harm, instead of leaving it all in the system to engender epithelial proliferations, or cause epithelial tumours internally, to still further complicate and endanger every case. (What kind of a rôle would the bacteria theory play in trying to explain this simple but important fact?)

Thus, as will be seen, this waste of albumen furnishes the key that unlocks every secret or mystery of consumption to our closest scrutiny, and makes a *scientific*, as well as harmonious, whole of the disease from its beginning to its close, where every part fits to every other part as perfectly as do the various parts of the most complete and perfect machine.

Can anything in nature be more simple or more satisfactory than all this, where everything before was so wrapt in doubt and mystery? And could anything be shown to be more puerile and impotent than is the bacteria theory thereby shown, as applied to this subject? That theory explains nothing whatever of it all, and could not through any kind of torturing of logic, or straining of facts pertaining thereto.

The *remote* causes of consumption, that is, the causes of the loss of albumen which leads to so much else, are all as well understood, it is believed, as is said loss and its consequences, but they are too complex for discussion here. It may be said, however, before closing, that bacteria have no more to do with those remote causes than they have with any other part of the subject.

Such being the *facts* as to the cause and nature of consumption, the true, and the *only* true, philosophy for its treatment and cure, is as plain and unmistakable as any other part of the subject. It is to *heal the mucous membranes*, and thereby stop the further waste of albumen, when all effects will of necessity cease.

But to ensure this the treatment must be undertaken early, or before any considerable portion of either lung has been destroyed. After that the chances are small; and even after the formation of tubercles of much size the difficulties of cure are often great, for the reason that, by that time, the vitality of many patients has become so far exhausted there is little left to build upon.

In conclusion, all should be warned to scrupulously avoid harsh medicines, gargles, or other treatment, that can in any way irritate the mucous membrane of the throat or lungs, to cause more expectoration and more waste of albumen, and thus increase every bad symptom of the case.

November, 1882.

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MR. HEATH ON CHAMOMILLA.

DEAR SIR,—A short time ago you told me that *Chamomilla* in the hands of some medical men was inactive, and that they had never got any good results from it. I suggested that the tincture used had been made from the wrong plant, as common though it be, it requires a practical botanist to tell it from other composite plants that are much like it. The following symptoms were produced on myself by inhaling the strong odour of *Matricaria Chamomilla* for about an hour whilst it was being filtered for use the previous night:—

*Aching, griping pains* at pit of stomach, inclined to extend upwards to chest, on getting out of bed next morning, causing me to walk bent; relieved by pressure with the hand, by warmth, and especially by *bending double*. The pain was at once removed by taking, about an hour after it commenced, one dose of *Coffea* 4 decimal, an antidote to *Chamomilla*.

Yours truly,

ALFRED HEATH.

114, Ebury Street, March 9th, 1883.

A CORRECTION BY DR. BERRIDGE.

DEAR SIR,—The editorial *clôture* prevents my replying in detail to Dr. Wilde's charges; but, as his memory seems to have failed him, he might like to know who the patient was whom he sent to me. His name was —\*, his business a hatter, his residence Upper Street, Islington. His friends told me that Dr. Wilde had recommended them to consult me; after seeing him I wrote to thank Dr. Wilde and inform him as to what I had done; and to this letter he replied, giving me some further information as to the patient's past history.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.,

March 3rd, 1883.

[\*Dr. Berridge puts the *name* in his letter, but this we cannot insert. This matter must now drop.—ED. H. W.]

## REPORTS OF INSTITUTIONS.

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### LONDON SCHOOL OF HOMŒOPATHY,

52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

*Summer Session, 1883.*

DR. HUGHES will give a course of lectures on "The Principles of Homœopathy," commencing Thursday, May 3rd, at 4 p.m., and continuing every subsequent Thursday at the same hour during the months of May, June, and July.

Dr. DYCE BROWN will commence the summer course of lectures on "The Principles and Practice of Medicine," on Tuesday, May 1st, at 5 p.m. Subject, "Diseases of the Digestive Organs and of the Spinal Cord."

FRED. MAYCOCK, Secretary.

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### LONDON HOMŒOPATHIC HOSPITAL.

THE management of the London Homœopathic Hospital are certainly to be congratulated on the steady increase in the number of their endowed beds. Some time since a munificent lady undertook to maintain, by an annual payment of £216, six beds for the advantage of patients who might require a longer stay in the wards than the rules ordinarily governing the retention of patients would allow. That act of philanthropy was afterwards followed by the endowment of a cot in the children's ward by Mr. and Mrs. James James Torrance Gibb in memory of a little son who died while they were on a visit to London, the annual cost being £25. Miss Barton, a very generous supporter of the hospital, has recently endowed an adult bed by an annual payment of £35. In addition to these special annual endowments, a nobleman munificently provides for an annual subscription of £250. And now some friends of the late Dr. Bayes, headed by Miss Goldsmid, are intending to endow in perpetuity an adult bed as a personal tribute to his memory, the cost of which will not be less than £1,000.

## OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

*Tenth Annual Report, 1882.*

*Patronesses.*—Her Grace the Duchess of Marlborough; Lady Catherine R. Barker, Fairford Park; Mrs. Miller, Shotover House; Mrs. A. W. Hall, Barton Lodge; Mrs. Clerke, Waterstock; Mrs. Rowley, Oxford; Lady Willoughby, Baldon House; Lady Valentia, Bletchington; Mrs. Upton Cottrell-Dormer, Rousham.

The Committee report a considerable increase in the attendance of patients during the past year, and with it a similar advance also in the number of subscribers, affording a combined testimony to the accomplishment of good work and its continued appreciation on the part of the poor.

They express their thanks to Dr. Guinness for his attention to the task he has undertaken, an account of which will be found in the following extract from his own report:—  
“The number of new patients during the year 1881 has been 1,170, as against 892 last year, and the attendances have been 2,740. Between 300 and 400 home visits have been paid, and 47 have been vaccinated. The number of deaths has been 10. A great number of poor patients from the surrounding towns and villages have applied for medical relief.”

The entire number of patients admitted during the ten years of the dispensary's existence has been 16,421.

[We always publish Dr. Guinness's report with particular satisfaction, as he is an example to our younger men, who too often throw up dispensary work much to the disadvantage of Homœopathy, and therefore of mankind. This dispensary has its share of the Hospital Sunday Fund—no less than £10 for the past year. One reason why Homœopathy is not more generally recognised is because we fail to claim our rights, or, if need be, to go in and take them with a firm grip.—Ed. H. W.]

### SHORT NOTES, ANSWERS TO CORRESPONDENTS, &c.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would

therefore beg that all literary matter and correspondence be sent to us as early as possible.

#### BOOKS AND JOURNALS RECEIVED.

Dublin Journal of Medical Science, February, 1883.

Revista Homeopatica Catalana, Tomo 1, No. 2 and 4.

Revue Homœopathique Belge, No. 10.

Dietetic Reformer.

Allgemeine Homœopathische Zeitung.

St. Louis Clinical Review, January, 1883.

The Monthly Homœopathic Review, March 1, 1883.

United States Medical Investigator for 1882.

The Midland Medical Miscellany, Vol. II., No. 13.

The Chemist and Druggist, March, 1883.

Thirteenth Annual Report of Liverpool Free Public Library.

The Hahnemannian Monthly, February, 1883.

American Observer, Dec., 1882.

The Medical Call, March, 1883.

New York Medical Times, March, 1883.

Bibliothèque Homœopathique, No. 6.

Therapeutic Gazette, Jan., 1883.

Annals of the British Homœopathic Society, Feb., 1883.

The Indian Homœopathic Review, Vol. I., No. 11.

The Guide, March, 1883.

El Criterio Médico. Tomo XXIV., Num. 1 y 2.

The Journal of Medicine and Dosimetric Therapeutics, No. 39.

The Calcutta Journal of Medicine, Dec., 1882.

The Medical Tribune.

Boericke and Tafel's Quarterly Bulletin.

#### CORRESPONDENTS.

Communications received from Dr. Berridge, London; Dr. Ussher, Wandsworth; Messrs. Heath and Co., Ebury Street; Dr. Guinness, Oxford; The Editor, Midland Medical Miscellany, Leicester; Dr. R. R. Gregg, Buffalo; Messrs. Walker and Marten, Maddox Street, W.; J. S. Hurndall, Esq., M.R.C.V.S., Liverpool; Dr. Wanstall, Baltimore, U.S.

### The Homœopathic World.

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Dr. John Wilde on Curing and Palliating.

A Challenge to the Hahnemannians.

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# THE HOMŒOPATHIC WORLD.

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MAY 1, 1883.

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## THE CAUSATION OF CONSUMPTION.

FROM the first we have not been able to accept Professor Koch's bacillus as the cause of consumption, in the sense of tubercular phthisis—i.e., so far as concerns the great mass of everyday cases, nothing but some autochthonous derangement of vitality can adequately explain them. We refer, of course, to the primary causation, not merely to the material pathology, whether bacterium or loss of albuminoid substance. We wish now, more particularly, to call the very especial attention of our readers to the communication from Dr. Gregg published in our last issue, and also to an article by the same eminent physician and microscopist in this number of the *Homœopathic World*, under the title of "Dr. Thomas on the Cause of Tuberculosis," it being primarily in reply to that gentleman. And then, as this discussion is likely to become general, we will content ourselves at present with reproducing an article also by Dr. Gregg published in the *Medical Advance*. The article is entitled "All Classes of Organised Tissues but one Nourished in Excess in Tuberculosis," and is in the form of a letter to H. F. Förmad, B.M., M.D., and runs thus:—

"Dear Sir,—I have read your paper in the Philadelphia *Medical Times* of November 18th, 1882, with much interest, and am pleased to see that you have entered the list in so earnest and able a manner to oppose the hasty and erroneous conclusions of Professor Koch on the cause of tuberculosis. It is to be hoped that you and other earnest workers in this field will be able to stem the torrent of Kochism now flooding the world, and prevent this new fallacy on phthisis from being fastened upon the profession for a generation or more, as others have been before it.

"You speak of American 'work in pathology' not being 'sufficiently recognised and encouraged' here at home. This is unfortunately too true, and leads me to ask, Why cannot

an organisation of some kind be effected in this country by investigators and pathologists, to push 'the good, honest work of Americans,' and make it felt the world over? A combination of earnest workers could accomplish much in this direction, whereas individuals, working separately and without concert, can do little or nothing excepting to simply record their observations and deductions for future compilers, and thereby receive little or no benefit to themselves while they live from their hard work. A community of interests, and the importance of the subject, ought to stimulate them to combine at once to advance American ideas and discoveries.

"Having said thus much in a general way, will you pardon the liberty I take in offering a few plain, common-sense suggestions, which seem to me to simplify and clear up this whole subject of tuberculosis in a most remarkable manner? Assuming in advance that your pardon is granted, I will proceed.

*"Each and every class of organised tissues of the whole animal body—viz., cerebral, nervous, glandular, lymphatic, epithelial, endothelial, connective, serous, osseous—all, in fact, with one bare exception, are NOURISHED IN EXCESS IN Tuberculosis.*

"The one exception is muscular tissue. This emaciates or shrinks to almost nothing in protracted cases of consumption, as you already know. Even the muscles of the heart and the muscular coat of the stomach and intestines are almost equally emaciated and shrunken with the external muscular system. Now why is this? The answer follows:

"1st. The excessive emaciation of the muscular tissues is simply due to a waste of albumen in the expectoration, and other catarrhal or mucous discharges of consumptive subjects, which takes away just so much of the only food of the muscles, until these are all, whether internal or external, starved down to almost nothing.

"2nd. All the other tissues being nourished in excess is because the waste of albumen leaves a relative excess in the circulation of the other constituents of the blood that go to nourish these tissues; hence they are all over-fed and grow in excess in consequence.

"That the muscles are for some reason starved, you do not need to be told; and that albumen is their only, or almost only, food, you must also know, or will concede, if you now have doubts of it, when you fully consider all the facts

bearing upon the subject. Of the fact of the excessive nutrition and overgrowth of all the other tissues let us consider a few examples.

"The excessive nutrition of cerebral tissue, or of the brain, in tuberculosis, is shown and proved by the large heads and precocious minds of scrofulous children, or the children generally of tubercular parents; it is also equally well shown in the unnaturally acute and active minds of many adult tubercular subjects.

"The excessive nutrition of nervous tissues outside of the brain—that is, of the spinal cord and nervous system at large—is shown by the exalted nervous action, or extreme nervousness and restlessness of many of such subjects; also by their neuralgias, over-sensitiveness to pain, etc.

"The excessive nutrition of the glandular tissues is shown by the enlargement of the glands everywhere, which is so characteristic of scrofulosis or tuberculosis. The same of the lymphatics.

"The excessive nutrition of the epithelial tissues is shown in the thickening, curving, and ridging of the finger and toe nails, which is almost universal in scrofulous and tuberculous subjects; also by their being so prone to warts and other epithelial excrescences. Moreover, it is a fact, as you know, that many of such subjects cast off an excessive amount of epidermic cells from all, or some portions of the surface of the body, notably from the hands and feet, beyond what those in health do; also that there is a greater or less proliferation of epithelial cells on all the mucous surfaces internally in these subjects; and often a too rapid growth of the hair.

"The excessive nutrition of endothelial cells is shown by their proliferation all through the body, of which you give the best evidence I have ever seen, and of which I will speak more fully soon. The same of the overgrowth of connective tissues, to which I will also give more attention with the above.

"The excessive nutrition of the serous tissues is shown by the thickening of the pleuræ almost invariably in consumption, and by the adhesions of some portions of their contiguous surfaces in nearly all cases; also by the thickening in many instances of other serous membranes.

"The excessive nutrition of the osseous tissue is shown in the large joints of scrofulous and tuberculous patients, also by bony tumours, internal ossifications, etc. The unnaturally

large 'shovel teeth' so common in scrofulous people or those of tubercular tendency, shows that even the teeth of such subjects are often nourished in excess, and that the nutriment therefore must be left in excess in the blood from some cause.

"Moreover the lungs themselves or their constituent tissues, are nourished in excess in phthisis. You speak of the 'irregular thickenings' of the walls of the air-cells therein, which is true; and we all know of the proliferation and much too rapid desquamation of epithelial cells, within the alveoli, to block many of them up. Well, it requires no argument to prove that there must be, in both of these instances, an excess of nutriment to cause these excessive growths. Nothing can grow in excess without an excess of materials on which to feed.

"And so we might go on and descend into greater details on all these points, and introduce new ones, but this cannot be necessary. We will, therefore, return to the subject of a proliferation of endothelial and connective tissue cells.

"You speak of the lymph spaces between the bundles of connective tissue fibrils, everywhere throughout the body, being narrower both in scrofulous subjects, and in scrofulously inclined animals, than in the non-scrofulous. Also of 'the filling of the lymph-spaces with desquamated and germinating endothelial cells,' or 'free, round, and irregular cells,' in larger quantity in the scrofulous than in the non-scrofulous, which 'are frequently seen to block up the lymph-spaces.'

"Carrying out the idea of all systems of tissues being nourished in excess in tuberculosis, excepting the muscular, and applying the facts as they exist, we see that the reason of the greater number of cells in the lymph-spaces is a proliferation and too rapid desquamation of the endothelial and, perhaps, some other cells, into those spaces, to block them up, the same as we see the air cells of the lungs in consumptives, more or less blocked up by a proliferation and casting loose into them of the epithelial cells, and because their food is also left in excess.

"The narrower lymph-spaces in scrofulous people than in the non-scrofulous, is owing to an excessive growth and consequent thickening of the connective tissue fibrils in the former, from the same general cause, which thickening must necessarily crowd much upon those spaces and narrow them. This applies to consumptive subjects, or those who are in-

clined that way from losing albumen through some one or more of the mucous membranes.

"What, now, of the *naturally* narrower lymph-spaces you point out in healthy rabbits and guinea pigs, as scrofulously inclined animals (though not from losing albumen), and the cat, dog, etc., as non-scrofulous animals? Please consider the following points in connection therewith.

"Vegetable food does not contain as much albumen as does animal food; but it does contain more of other ingredients required to nourish other tissues than the muscular. Hence the rabbit and guinea pig, as herbivorous animals, would have those other tissues, or many of them, nourished more by vegetable food; and hence the larger or thicker connective tissue fibrils, and the smaller lymph-spaces between them in those animals than in the cat or dog as carnivorous or omnivorous animals.

"If the latter, however, are fed with too much vegetable and too little animal food they get too little albumen and too much of other food constituents for their nature, which changes them to a similar condition of herbivorous animals, with reference to the connective tissue bundles; that is, the fibrils of these receive too much nourishment, the same as if albumen were lost, and one thickened thereby, which crowds upon and narrows the spaces between them as just stated. And the latter being now filled with endothelial cells is because these receive an excess of nutrition and proliferate in consequence, as in cases of actual scrofulosis, which has already been sufficiently explained.

"Again, under emaciation, from loss of albumen, the lymph-spaces are narrowed more or less by the general shrinkage of the muscular tissues, which aids in lessening the size of the interspaces between the fibrils of all tissues where there are muscles. And this would account in part at least also for the lessening of said spaces in animals that are gradually starved; but not losing albumen. They do not get enough of it, or of any other food, and this brings up some of the conditions that a loss of albumen would entail.

"Should it appear to you that there is a glaring omission in this summing up, viz., in not including the so-called adipose tissues, the answer is easy: I do not regard the simple natural deposit of fatty matters in various parts of the body as organised tissue. But there is much more to consider on this point.

"Active nutrition in the muscular system gives warmth

to the body, but under a waste of albumen there is not active nutrition in the muscles, hence a lack of heat. Then, a too watery blood, as in all cases where albumen is lost, in itself induces cold, or allows of the blood being easily chilled. All this demands a more rapid consuming of the fatty matters of the blood than is natural to keep up the heat, and this, together with the hectic fever, burns up the fats, so there are none left for deposit, excepting such as may be unnaturally deposited in the liver, etc., to cause the so-called fatty degenerations. And hence the entire absence of *natural* accumulations of fat in such cases.

"Giving a little attention now to the classified constituents of the blood, by name, and as left in excess by a loss of albumen, we find the following :

"The excess of water thus left causes the too watery blood of all consumptives, and in consequence thereof leads to the diureses, night-sweats, and dropsies of such subjects.

"The excess of blood-corpuscles causes all their *primary* hæmorrhages, and, later, all their tubercular corpuscles, by the former, or the red blood-corpuscles being decolourised into the latter through the too watery serum, or by their congestion and decolourisation through the inflammation which they excite. You say so truly and positively : ' We can certainly not have parasites more pernicious than the living cells of our own body prove to be in the case of tuberculosis ; ' and will see how strongly the above fact as to the disposition that is made of our blood-corpuscles, when brought into excess, corroborates your assertion.

"The excess of fibrin causes the thickening of some or all the serous membranes, adhesions of the pleuræ, etc.

"The excess of fatty matters causes the fatty livers, and other fatty degenerations in consumption ; also in connection with some of the salt phosphates, their excess over-nourishes the brain and nervous system, causing the precocious minds, restlessness, nervousness, etc. And an unnaturally large portion thereof is burned to keep up the required heat in such cases, as just shown.

"The excess of salts causes the enlarged joints and large bones of many such subjects, bony tumours, internal ossifications, calcareous concretions, chalky deposits, etc.

"And the excess of some one or more of these, or of some vital compounds of the blood that have not yet been classified, is what causes the excessive development of the glands and other tissues not above accounted for.

"Thus, as you will see, this whole question of tuberculosis and scrofulosis, and every pathological or abnormal physiological and abnormal anatomical development in connection therewith, is one of a waste of one of the constituents of the blood—viz., albumen, by catarrhal disease of the mucous membranes (or a deficiency of that constituent through poor or deficient feeding); and the leaving thereby of all the other constituents in a relative excess in the circulation. Or the loss of the one constituent starves one system of tissues, and leaves an excess of all the other constituents to overgrow every other class of tissues. What else could so well account for it all?

"Deficient feeding, or poor food, both cause a too watery blood, which always decolourises the red corpuscles too rapidly, and changes them into leucocytes, or tubercular corpuscles; and this was why you had the final development of tubercles in all or many animals so treated, without their *losing* albumen to bring it about. Poor people living on stale vegetables or other poor food may and do have tubercles developed in the same way. It is a question of deficient supply of albumen in these cases, instead of a loss of it, that brings similar results.

"This brings me to speak upon another point that you allude to. You say: 'In all scrofulous beings all the organs supposed to be concerned in the production of white blood-corpuscles were disproportionately large, in relation to the size of the animals.' And then incidentally you refer to the spleen and some other glands as being the manufacturing organs of said corpuscles.

"In one sense the glandular organs named do make white blood-corpuscles, but out of what? They simply decolourise the old and worn-out, or otherwise useless red blood-corpuscles, into white blood-corpuscles, then disintegrate them to get them out of the circulation, to avoid their congesting any part or organ, or poisoning the system through putridity, as they would if not rapidly disintegrated and excreted. And herewith ends the tale of the production of white blood-corpuscles by said organs.

"Nature's exact adaptation of means to ends, her accuracy and certainty in all things, when not thwarted by disease, the absolute and constant dependence of life upon the proper performance of the functions of the blood-corpuscles, and the rapidity with which they must be made to keep up their full supply—all render it clear and certain that the mesen-

teric glands make the red corpuscles of the blood out of the *pure, fresh chyle*, direct from the *first and best* efforts of digestion, and brought to them by over *four millions* of lacteal vessels; and not from impure blood in the liver, or from a small supply of it in the spleen or other glands. And when they get old or become useless they are decolourised by the spleen and liver, and perhaps other glands, as above asserted. Hence the greater number of white blood-corpuscles observed in the splenic and hepatic veins than in other parts.

"Now, another point. Nature being always consistent with herself, and doing things on exact principles, we see that when the blood-corpuscles are left in excess by a loss of albumen, she has more work to do in decolourising and breaking down the *surplus* corpuscles than in health. Therefore she enlarges the spleen and other glands that do this work; and finds the food to so enlarge them in the excess of gland-making material, that is left by the same cause. This larger development enables said glands to do much of this extra work, and thus ensure its being done, to avoid extensive congestion by what would be the too rapidly accumulating corpuscles, if they were not destroyed faster than in health. As it is, even then many of them are not entirely destroyed, but changed into leucocytes and tubercular corpuscles.

"Why not, then, take the universally enlarged glands of scrofulous animals as the 'anatomical anomaly,' or 'anatomical criterion,' by which to distinguish them from the non-scrofulous, as take the narrower lymph-spaces for such criterion? Or, why not take the larger and more active brains of tubercular human subjects, or the enlarged joints, proliferating epithelial cells, thickened serous membranes, etc., as the distinguishing anatomical characteristic, instead of confining it to the lymph-spaces narrowed and filled with 'free round and irregular cells'?"

"When there is a too rapid growth of cells to nourish any tissue in excess, there is also a too rapid desquamation of the same cells, when they get old and worn out, which fill and clog the lymph-spaces, air cells, or other small cavities, as you found them in the former. Were they not disposed of, when old, in the same ratio of rapidity as made, in the first instance, or nearly so, excrescences or tumours would be grown everywhere that said cells proliferate.

"The red marrow of the bones, to which you incidentally allude, is from a portion of the excess of red corpuscles, or from the hæmatin dissolved out of said excess, or both, being held in the marrow and colouring it too highly.



"Another point ought to be touched upon. You say: 'No inflammation, no tuberculosis.' Yellow tubercles are generally preceded by inflammation, but grey or *semi-transparent* tubercles are not, and why? In the last stage of phthisis the blood becomes so watery that many of its red corpuscles are decolourised to entire transparency on their rounds in the circulation, then congested in the capillaries of a part, and make a 'knot,' or transparent tubercle, without preceding inflammation. In yellow tubercles, on the contrary, there is congestion of a part by a surplus of red corpuscles, which excites inflammation, and this decolourises them into yellow tubercles.

"Now, in regard to the bacteria theory as the cause of tubercles. You will be enabled to see from all that precedes, even more clearly, perhaps, than before, how shallow and utterly worthless that theory is to explain it all; and how absurd the claim of infectiousness by bacteria. What a terrible wrong, too, that error is going to work against many consumptives, and which, as you say, has already been begun, by some of them being more or less shunned and neglected, for fear of contagiousness by parasites.

"The therapeutics of phthisis also must be governed in a great measure by the view taken of the etiology of the disease,' you say. Very true; and if the views herein presented as to the cause and nature of consumption are correct, you will see how entirely its treatment must be changed from prevailing methods. In other words, that everything in treatment, whether medicinal or topical, in the least irritating to the mucous membranes, must be avoided; and only *curative* measures that will *heal* the irritations and abrasions of those surfaces should be employed, and thereby *stop the waste of albumen*, which is the immediate cause, when *all* effects must inevitably cease.

"Again, and in conclusion, it will not have escaped your attention, that the foregoing facts, and deductions therefrom, will not only correct many errors of pathology, but what is of almost equal value, will serve to correct many errors in physiology as well, besides furnishing us many new truths therein, and at the same time greatly broaden our views on both these important branches of scientific medicine.

"Buffalo, N. Y."

"R. R. GREGG, M.D."

Now, if our readers will refer to Dr. Thomas's letter, at pp. 234-5, they will see that the question is well opened.

NITRITE OF SODIUM PROVING, AND ITS USE  
AS A REMEDY.

By Dr. JOHN WILDE, Weston-super-Mare.

IN a recent number of the *Practitioner* there is an article by Dr. Matthew Hay on *Nitrite of Sodium* as a remedy for angina pectoris, which contains some points interesting to us as homœopathic practitioners. He appears to have treated but one case with this remedy, and it seems to have acted as a most reliable palliative only in that painful affection; but it is not on account of his application of the remedy to this disease that I have ventured to bring it forward, but because of the interesting nature of a slight "proving" to which he subjected the drug, which proving we, as homœopaths, may utilise for the good of our patients.

In reading the various allopathic journals, one experiences mingled feelings of amusement, surprise, and indignation—amusement at the blunders of the old school, surprise that they should so nearly approach the homœopathic law without perceiving its truth, and indignation at the suffering they cause their patients by that stupid habit of "pushing" every drug to its utmost physiological limit, with the idea that thus only can a cure be brought about. No amount of failure in the exercise of this habit, no accidental aggravation of the patient's case, ever seems to convey to the allopathic mind any suggestion of the truth. He goes on groping his way in Cimmerian darkness. If ever a notion of the law of similars enters his brain in the course of his experiments, it is instantly driven out by the prejudices which such an idea engenders, and thus no advance in medical thought is made.

Dr. Hay, it appears, procured some *Nitrite of Sodium* "with the object of trying it as a substitute for nitrohydrochloric acid" in certain forms of liver disease. In order to ascertain what would be a safe dose, he took, on three separate occasions, five, ten, and twenty grains of the salt. The result shall be given in his own words. "I observed," says he, "that the rate of my pulse became accelerated shortly after taking each dose, and most distinctly after the largest dose. But, what was more remarkable, I experienced within a few minutes after taking, the two larger doses a feeling of fulness in my head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful, flushing of the countenance. The

sense of fulness and throbbing continued for an hour or more after the administration of the salt, without at any time being so intense as to be unbearable or even severe enough to prevent me proceeding with my usual duties. The smallest dose (five grains, we presume) of the salt produced a similar effect, but of very short duration and very slight in degree. These experiments were repeated on myself and a few of my friends, and always with the same result."

It struck Dr. Hay that the effects were so similar to those produced by nitrite of amyl and nitro-glycerine, or, as we term it, *Glonoïn*, that he inferred that the action was due to the nitrous acid contained in each of them. He says "it appeared highly remarkable that two such salts as nitrite of amyl and nitro-glycerine, whose bases differ so widely in their pharmacological activity, should so exactly agree in their physiological action and therapeutical applications, were it not that the acid, which is common to both of them, was the essential factor in the production of their action."

With these ideas it was very natural that he should try the *Nitrite of Sodium* in a case in which the *Nitrite of Amyl* is usually found of service, and he selected a very marked case of angina pectoris, where the sufferings were very regular and very severe, and administered five-grain doses of the drug with very great, and always immediate, benefit to the patient. It appears, however, to have been only a reliable palliative, for to maintain the relief afforded he was obliged to continue the remedy. No sooner was the drug discontinued than the symptoms returned. It cannot, therefore, be regarded as a homœopathic remedy. This, however, is true of its analogue *Nitrite of Amyl*, so that it may be as well to bear the drug in mind in cases of angina not easily relieved by the usual homœopathic remedies.

It is not, however, in connection with angina pectoris that I would associate the *Sodium Nitrite*. It seems to me more likely to be useful where *Glonoïn* is prescribed—viz., in congestive headaches, where fulness of the head, throbbing pain, and flushed face are met with. Here the drug would have a true homœopathic action, and it would doubtless act well in medium dilutions.

I have found *Glonoïn* not always reliable from some cause or other, I suspect from a tendency to decomposition in the substance. Now the *Nitrite of Sodium* will be a more manageable, and, as I believe, more reliable remedy. I am,

of course, aware we have no real substitutes in Homœopathy. Every drug has its own individuality, but in this case I think Dr. Hay's theory is not far from the truth, and that the nitrous acid is the real active agent in both substances. The *Nitrite of Potassium* has likewise been proved by some American physicians, and the symptoms of the salt were exactly similar to the above-mentioned drugs; and here again the *Nitrous Acid* is credited with the effects. The *Nitrite of Potassium* symptoms are more extensive than those of the *Sodium Nitrite*. For instance, "throbbing of the cranial arteries" is noted, "especially if the dose exceeded five grains."

If any of my colleagues would bear these two drugs in mind in suitable cases, and would communicate the result to this journal, some useful experience will be gained.

In conclusion, I would remark on the different use made of facts by the old school and the new. Can there be any wonder that the science of therapeutics does not advance? If every fact is turned to a wrong account, if the result of every experiment is falsely interpreted, what progress can be made? In this very instance of the *Nitrite of Sodium*, Dr. Hay does not use the drug therapeutically to cure symptoms like those the drug produces, but he makes an antipathic application of his knowledge. That all the readers of this journal may understand the state of the case, I will put it in different language.

In a case of angina pectoris the heart's action is temporarily arrested, the blood leaves the face, the patient looks pale, and the allopath observes that after taking such a drug as *Nitrite of Amyl*, or *Nitrite of Sodium*, the face flushes—the blood rushes to the face. That is, the precisely *opposite* condition takes place to that which occurs in angina, therefore he argues those are the drugs to use to cure it. But this is antipathic treatment, and therefore only palliative. The symptoms will be only relieved while the remedy acts, and they will reappear afterwards. Now far be it from me to deny the occasional use of such treatment. There are some organic diseases of the heart in which only palliatives can be expected to relieve, and such remedies then may be admissible, always supposing the case to be incurable by homœopathic remedies.

Now Dr. Hay, in consequence of his attention being fixed on antipathic measures, failed to see when he was suffering from fulness of the head and flushed face after the *Nitrite of Sodium*, that he had got a remedy which, if given in very

minute doses to a patient with just those symptoms, would have *permanently* cured him, and not *temporarily* relieved him, as in his case of angina pectoris.

This leads me to one more concluding remark. It will be seen by all that a proving of a drug gives to a homœopath, and to no one else, both sides of the drug action, the homœopathic and the antipathic. He can, if he chooses, use either, whereas the allopath sees only one side of the drug action. He is therefore at a manifest disadvantage in comparison with his homœopathic confrère. We ought, therefore, to have more confidence in the latter, inasmuch as he not only possesses the best and the only *curative* means, but he sees in true light the real nature of antipathic treatment, and can even use that in the only cases in which it is permissible—namely, in incurable diseases.

N.B.—*Nitrite of Sodium* often contains *Nitrate of Soda*, therefore see that the drug is pure.

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## VARIOLINUM : CORRECTIONS AND ADDITIONS.

By S. SWAN, M.D., New York.

My contribution on *Variolinum*, published at pp. 166-7 of the *Homœopathic World*, 1882, contained some errors which I now correct. In the first line, for *prover* read *patient*, and for *caused* read *cured*. There were also other *errata*. Perhaps it will be less confusing if I give the case *de novo*. Miss H., æt. 21, a healthy, hearty girl, complained of the following symptoms:—Confusion of head, as if going crazy, with a sensation as if it was all in the back of the head and running down spine, followed by intense heavy, hot headache in back of head and neck and region of medulla; sensation as if head weighed a hundredweight, with a tendency of it to fall backwards; deathly nausea in stomach-pit during headache. During the headache, hands and feet icy cold, particularly the hands; tongue coated yellow in morning, with bad, disgusting taste in mouth; no appetite; knees feel weak, as if they would give way, particularly on going up and down stairs; pains in thighs and hips; severe aching, burning pain in small of back; skin hot and dry; pulse did not indicate fever.

*Variolinum* Cm (Swan) in water cured her in six hours. Confusion of head ceased after the pain did.

After I had sent off for publication my proving of *Vario-*

*linum Cmm* (Swan) on 200 persons, some more symptoms were elicited, and some new ones of the utmost importance arose; but it was too late to stop the publication of the imperfect report. I now give the proving in its entirety. In the case of a child three years old, given as a prophylactic in the place of vaccination, it caused vomiting and pains all over. Two schoolmistresses took it; one was not at all affected, the other was sick in bed for two days. Two hundred children took a dose of *Variolinum Cmm* (Swan) on the evening of February 18th and morning of February 19th. On 21st most of all who were affected began to be ill; by 23rd all the 200 except 40 were ill; on 25th they were reported all well, but were not so, as the sequel showed. On 23rd, 160 had all the preliminary symptoms of smallpox, commencing with a dulness of head, severe pains in back and limbs, which became quite numb; most of them had chills, followed by high fever; violent headache; white-coated tongue; great thirst; severe pains and distress in epigastric region, with nausea and vomiting, mostly of greenish water; in many cases profuse diarrhoea. In some there was great despondency. Twenty-two were in bed two days. Some of those who were affected by the *Variolinum* had vaccine marks on the arm, others had not. On 28th I found that 25 had smallpox pustules on different parts of body, mostly on abdomen and back. The pustules were perfectly formed, some umbilicated, some purulent. They passed away, leaving no scars. Two weeks after the symptoms had all ceased, seven of those who had had the pustules had varicella of the conoid form, which in due time disappeared, in some cases leaving pits.

After the varicella had passed off, but before the patients had recovered their vitality, 23 were vaccinated without my knowledge, not having been vaccinated before. All but one took, but in some it produced terrible ulcers on the arms, some over two inches in diameter, the arms being inflamed, swollen, and very painful, with large abscesses in other parts of body, causing great suffering and confining many to bed. They all improved from this unjustifiable poisoning of the system under *Vaccininum Cmm* (Swan). BFFD

In the *Homœopathic Physician*, Vol. II., p. 344, Dr. P. P. Wells quotes another similar proving of *Variolinum* 900.

## THE WATER WE DRINK.

FOR years we have raised our voice against the use of *leaden* pipes for apporthing our service water. An action lately tried, of which the following is a summary, makes it pretty clear that many cases of common paralysis are due to chronic plumbism. The action we refer to is that of

MILNES V. THE MAYOR AND CORPORATION OF HUDDERSFIELD.

Mr. Wills, Q.C., Mr. Waddy, Q.C., and Mr. C. Dodd were counsel for the plaintiff, Joseph Milnes, solicitor, Huddersfield; Sir Farrar Herschel, Mr. Forbes, Q.C., and Mr. Lockwood were for the defendants.

Mr. Wills, in opening the case, stated that the plaintiff brought the action against the Corporation of Huddersfield for having failed in the performance of a statutory duty to supply pure and wholesome water; and also upon the common-law ground that they sold water to him as an article of food which was unfit for consumption, and the consequence had been most calamitous. The complaint against the water supplied was that as it passed through the service pipes from the main it took up lead in such quantities as to be dangerous to health. The plaintiff was about thirty-five years of age, and in 1867 he had the misfortune to receive a gunshot wound, the consequence of which was that one of his legs was amputated below the knee. It was an evidence of the strength of his constitution that he was only laid up for a month after undergoing that operation, and with that exception he was twenty-three years without having to consult a medical man. In 1874 he began to inhabit his present house (Grove Place, Dalton, Huddersfield), which was supplied with water from the Blackmoor Foot Reservoir. In the month of July last year symptoms of lead-poisoning began to show themselves in Mr. Milnes. He began to suffer from colic, indigestion, and other symptoms of mischief of that kind. He was attended by a medical man, who suggested that he was suffering from lead-poisoning. Mr. Milnes could not believe it, and said that as none of the members of his family had been attacked, he thought if it were so it must arise from the water supply at his office. He had it tested, and it was found to be pure. He had a recurrence of the symptoms three times last year and twice this year, and upon the last occasion of these attacks the symptoms became much aggravated; he had all the symptoms of painter's colic, and his right arm became use-

less. He then began to take more serious steps. He called in another doctor; and upon this occasion, owing to the advice he received, an analysis was made of the water of the house, which was found impregnated with lead in very serious quantities, there being from three-tenths to four-tenths of a grain of lead in a gallon of water which had stood for any length of time in the pipes. He consulted the borough analyst (Mr. Jermain) and also Mr. Fairley, of Leeds, both of whom entirely agreed with the result of the analysis. Mr. Milnes then ceased to drink the water, and took all possible measures to regain his health. On May 17th he went to London for the purpose of giving evidence at a trial. While there he became much worse, and the trial had to be postponed. On arriving at Huddersfield he became very ill; he was within an ace of his life, and for several days lost his reason, being attacked with a form of mania which was consistent with lead-poisoning. Fortunately he had a good constitution, and was able to pull through that illness, but he still suffered from the effects. He (Mr. Wills) did not think there could be much doubt as to the serious nature of the mischief, or as to the nature of the water supplied. In 1880 the Corporation, in consequence of their attention being drawn to the condition of the water, consulted Mr. Jermain, the borough analyst, and he prepared a report on the condition of the various reservoirs, and more particularly upon the Deerhill and Blackmoor Foot Reservoirs, the latter being the one from which the plaintiff's house was supplied. In his report he pointed out that unless certain steps were taken the Blackmoor Foot Reservoir would become dangerous to health. The Deerhill water he condemned as unfit for domestic use, because it contained, as the result of chemical action set up by the constituents of certain streams which ran into it, a free acid which generated in sufficient quantity to take up the lead in the supply pipes. The overflow of the Deerhill Reservoir ran into the Blackmoor Foot Reservoir. Mr. Abbey recommended that care should be taken that the water passed through lime, and also that careful observation should be made and frequent tests applied to ascertain how far the mischief was arrested. The Corporation took the opinion of Dr. Tidy, of London, sending a number of samples to him. He verbally communicated the result of his investigation, and the defendants had the advice of Sir J. Hawksley. What that was he did not know, as the defendants refused



to say; but the water had become dangerous to health and was unfit for domestic consumption. The plaintiff was still suffering from the effects of drinking the water. He was unable to write, and could not dress himself, or perform the ordinary occupations without assistance; his walk was uncertain, and it was difficult for him to go upstairs without assistance.

Joseph Milnes, the plaintiff, was then called. He said that in 1874 he entered into occupation of the house at Grove Place, Long Lane, Dalton, Huddersfield, which was supplied with water from a well. In 1875 he began to have a supply of water from the Corporation mains. The pipe from the main to the house was of lead.

In reply to Sir F. Herschel he said his profits in business had been at the rate of £1,200 a year. The length of lead piping in the kitchen from which the domestic supply was taken was put in at his expense at the request of his wife. There was a filter in the kitchen, and the servants were instructed to filter the water for drinking purposes. He had six children and two servants. The oldest of the children was ten years of age. They had all used the same water, but none of them had suffered from lead poisoning. His first illness was in March, and the second in July, 1881, and he was attended by Dr. Robertson. In the morning he usually had a cup of coffee, and in the evening a cup of tea. Before going to bed he generally had a glass of whisky and water. It was his practice to dine in town.

Dr. Robertson, of Mold Green, said he attended the plaintiff in March and July, 1881, and found him suffering from lead poisoning. He had known other cases of lead-poisoning in the same district, five distinct cases having come under his observation.

Cross-examined: He knew that some time ago the Manchester water contained three-tenths of a grain of lead per gallon, and that in the enormous majority of people it produced no symptoms of poisoning.

Dr. Joll, of Huddersfield, said he had attended the plaintiff in the illness which ensued on his return from London. The symptoms of lead-poisoning were distinct.

Cross-examined: Lead was a poison which affected some persons, whilst others might take it with impunity.

Dr. Allbut, of Leeds, said lead was a cumulative poison. He had seen the plaintiff and examined him. His opinion was that he would ultimately get well, but it was not a

matter of certainty; his recovery would be tedious and protracted.

Cross-examined: He understood that soft water had a tendency to act upon lead.

Dr. Scattergood, of Leeds, said that he examined the plaintiff on the 17th and 26th July. He was suffering from a severe form of lead-poisoning.

Cross-examined: There would be a gradual regaining of the powers, he believed.

Mr. A. H. Allen, of Sheffield, public analyst, said that on the 29th July he received from the plaintiff's solicitor two bottles of water. The first sample contained seven-tenths of a grain of lead per gallon, and the other eight-tenths of a grain, a quantity which was decidedly injurious.

Mr. T. Learoyd, solicitor, Huddersfield, stated that he had known the plaintiff many years, and prior to his illness he was a strong, healthy person. The plaintiff was now a wreck, compared with his previous condition.

Mr. George Jermain, borough analyst for Huddersfield, said that he had analysed a sample of water given to him by the plaintiff. It contained nearly three-tenths and a half of a grain of lead per gallon, which would be dangerous to health. In June, 1880, he made an examination of the water in the reservoirs of the Corporation, and prepared a report.

This report was produced and read by Mr. Wills. It stated that there were some objectionable features in the Deerhill supply, and recommended that it should be discontinued. It also recommended that all long lengths of service pipes should be replaced by pipes of iron; and witness said that in many cases he believed that had been done.

Cross-examined: Where there was no sulphuric acid at all soft water had a solvent effect upon lead, and soft waters varied in the extent of their solvent action upon lead.

Mr. Thomas Fairley, borough analyst, Leeds, said that on the 6th June last he went to Huddersfield, and took samples of water supplied by the Corporation to the plaintiff's premises. He found that it contained lead to the extent of four-tenths of a grain per gallon. He found free acid sufficient to account for the taking up of the lead. He had tested the water in one yard of pipe, and found that in twenty hours it took up six-tenths of a grain per gallon.

At the conclusion of Mr. Fairley's examination the Court adjourned.

## LEAD PROVING, ITS APPLICATION FOR LEAD POISONING, AND ITS THERAPEUTICAL APPLICATION.

By DR. WHITEHEAD.

I AM led to record these cases, not for the advantage of men like "L.R.C.P." of your July number, for already our *materia medica* is more than he can remember, much less apply for cure; even "Menyanthes" will never benefit his patients if he is to carry a repertory, so he would not thank me for adding to the symptoms of lead pathogenesis, however it might be of advantage for his patient. No, I think possibly there are men who may thank me, because they do not think it *infra dig.* to carry a repertory, but they do think it *infra dig.* to do less than their best for their patients. "L.R.C.P." cannot be a true homœopath, or a true man, for if he is a true homœopath he knows that the totality of symptoms is the guide to treatment.

The groups of symptoms caused by drugs are more than he can remember. If he does not acknowledge this he is not a homœopath; but if he acknowledges this, but refuses to carry a repertory or artificial memory, he must clearly admit that he refuses to adopt the best means for his patient, and therefore is no true man, and is most likely to degenerate into one of the pseudo-pathological prescribers, whom modern Homœopathy seems to be originating. A calm consideration of the sayings of those who pride themselves on their pathology shows their innocence of the true thing. Setting aside all that the history of pathological inquiry most directly points to—viz., that as it proceeds it distinguishes more and more between conditions which were previously supposed to be the same, and yet that each new class it forms will in time be broken up into distinct morbid conditions, and that when this distinguishing process terminates it will be for want of instruments sufficiently delicate, not because the distinctions have all been recognised. The search for finality in pathology is only comparable to the search for the mechanism of perpetual motion, or the touchstone which can transmute to gold.

There is in disease, either existing or historical, a gradual transition from one form of disease to another, they having developed with the race, just as at the present day there is an indistinguishable series of sarcomata from the round to the spindle celled.

Pathology in its early days recognised dropsy as a disease; later it recognised cardiac, hepatic, and renal dropsy. Then

we have got three forms of kidney disease, small, large, and amyloid, setting up dropsy, and now we have glomerulo-nephritis, and extra-capsular glomerulo-nephritis, and probably we shall have intra-capsular and intra-glomerulo-nephritis, and yet we get men writing——

[The author of the foregoing scrap is the late Dr. Thomas Kay Whitehead, whose obituary appeared in the *Homœopathic World* for October, 1882 (p. 466). It is only a fragment, but our departed colleague was at work on it when the fatal fever felled him, and we publish it just as we would lay a wreath on a friend's grave.—ED. H. W.]

### CHRONIC PERITONITIS WITH ASCITES, FOLLOWED BY AMENORRHŒA AND OVARITIS—CURED.

By THOMAS SKINNER, M.D.

*History.*—On 1st October, 1881, I was asked by a lady if I would be kind enough to go and look at a poor suffering girl of twenty years of age, in whom she took a particular interest, as she had been her lady's-maid, but was now apparently *hopelessly incurable*. The girl first became ill when in service in London, and she was sent to one of the first hospitals there, and was under the care of one of the best old-school physicians in the metropolis. The case was then pronounced to be chronic peritonitis with dropsical effusion (ascites) in a scrofulous subject. Having made no progress in hospital, the physician decided that her only chance was to return to her native air in Inverness-shire, as there was no hope for her while she remained in the atmosphere of London. In the latter end of 1880 she was placed in the Northern Infirmary at Inverness, and here she met with something like heroic treatment, the treatment being a course of hydragogue cathartics, in the form of jalap, etc., etc., for the space of a month, and so far the treatment effected a decided change in the size or enlargement of the abdomen, as the tympanites (drum-belly) disappeared and the dropsical effusion as well (the ascites); but in removing the chronic peritonitis, with its morbid products, they brought on acute inflammation of the right ovary, with amenorrhœa, coupled with the most terrific suffering night and day, but always worse from sundown till sunrise. The hospital physicians were again at sea. They could not allay the

intense agony they had induced by their heroic treatment, done for the best, no doubt, but in utter ignorance of the true pathology and therapeutics of the case. They were dealing with effects instead of causes—removing morbid products of diseased action under the belief that the ascites and drum-belly were the disease. “When ignorance is bliss ’tis folly to be wise.”

The poor girl was now told that they could do no more for her. After having nearly purged the life out of her, and given her acute ovaritis with the most intense suffering, she was sent home to her abode in the hills of Inverness-shire.

On the 1st October, 1881, I was residing at my shooting lodge, and about leaving for the south, when I was asked to visit A. C. I found her residing with her parents about a quarter of a mile above and behind the lodge. She was terribly emaciate and worn-out looking, with a suspicious hectic flush on her cheeks. Her appetite and digestion and the movements of the bowels were as a rule normal, which was fortunate, but for all that she was a mere skeleton, a bag of bones.

*Semeiology.*—A. C. is of an extremely amiable and gentle disposition. Ever since the disappearance of the ascites the menses have stopped and the ovaritis set in, which is close upon a year, and during all of which time her suffering has been such that her screams have been heard a hundred yards from the house, and no means of relief that her old-school physicians adopted were of the slightest avail, the means being often worse than the disease. Her only means of relief was an earthenware bottle of hot water pressed to the region of the right ovary whilst on her elbows and knees, and some light covering over her back. One marked symptom throughout the whole of her illness was *thirstlessness*. *In the region of the right ovary she had a sharp stabbing or lancinating pain, coupled more or less with a severe burning-stinging.* These pains are always present, but they are greatly increased from 8 p.m. till 9 a.m., during which time they are simply intolerable, sometimes forcing her to shed tears and scream. *The entire abdomen is sensitive to touch.*

*Therapeutics.*—Whatever may be the diagnosis and nature of the disease, there can be little or no doubt about the diagnosis of the remedy, and that is what both the patient and the physician most want. Many patients come to us for our *opinion*, as if we were lawyers. We are *curers* of the sick, and I find it much the best plan never to tell the

patients what they are getting, or what my opinion is. I have never had cause to regret the adoption of this rule, which I learned in the United States. To come back to the case, he who runs may read the remedy or remedies indicated by the above photograph. They are *Pulsatilla* and *Apis*.

On 1st October, 1881, A. C. received from my own hand one powder dry on her tongue of *Pulsatilla* 50 M (F. C.). For the benefit of those who are not aware of the symbols or abbreviations used for the higher attenuations I may state that M stands for mille (a thousand), C for centum (a hundred), and (F. C.) for fluxion centesimal. Therefore, *Pulsatilla* 50 M (F. C.) signifies *Puls.* in the 50,000th centesimal attenuation, made by myself on my "Centesimal Fluxion Attenuator," which I invented in 1877, after I returned from America. The machine being incapable of error, there can be no doubt of the amount of attenuation in these "F. C." dilutions, all of which can now be had of Messrs. Alfred Heath and Co., 114, Ebury Street, London, S.W. *I have made him a present of them, and consequently I have no pecuniary interest in them whatever.* Mr. Heath is the sole agent for the sale of them in Great Britain.

10th October.—The single powder of *Puls.* 50 M (F. C.) removed all pain up till this date. Unfortunately on this evening she took a warm sitz-bath as usual, and as directed by her last old-school physician, as a palliative, and with the expectation of inducing a return of the menses, the consequence being a return of the pains at 5 a.m. The *Pulsatilla* was repeated, but without effect, as I fully expected.

11th October.—She got one dose of *Apis* 50 M (F. C.), and she had no more pain until the 18th, when she got one more dose of *Apis* 50 M, as the pain was still a little troublesome at night.

20th October.—A. C. has had a total absence of pain for two days and nights, and for the first time during the past year. I found her lying in bed, dressed, and she told me with great pride and satisfaction that she had dressed herself without assistance, and was none the worse of doing so. Next day I left for Liverpool, but before leaving I left A. C. seven powders of *Apis* 50 M (F. C.), to be taken only if the right ovarian pain should return.

30th October.—I received a letter stating that she was very constipated, and had had a good deal of pain for three nights. She took a powder on Tuesday night; slept well on Wednesday night. For the constipation she was ordered

to take porridge and milk, warm bran-water, or linseed tea, but no medicinal aperients. The *Apis* 50 M *urgente dolore*.

6th November.—Constipation gone, and the stinging pains, but the stabbing pains returned. For these she took a powder on the 31st October and 2nd November.

From this date, in spite of severe wintry weather, a steady improvement set in, insomuch so that on the 5th of January, 1882, A. C. wrote me as follows:—"I am much better. No stabbings, only some stinging pains occasionally, very little and quite bearable. I feel most thankful, as I now rest very well every night. The M. P. has not returned, but I am not impatient; I wait expectantly, as you said it would not come just yet. I was in the kitchen yesterday for a short time, and I was as straight as a rash! My appetite is excellent, and everything is agreeing with me well, particularly the half glass of port wine, which I take with my dinner daily." *No medicine*.

21st January, 1882.—There was a return of the right ovarian pains, both stinging and stabbing. Thinking that the 50 M was played out, I sent her seven powders of *Apis* CM (F. C.), and I requested her to state if she observed any difference between those now sent and the previous lots. She replied on the 22nd February:—"The last powders were more effective than all the powders I have ever got from you. They relieved me of all the pains; I may now and again have a little feeling of the pains in the right side, but very seldom. The effect of these last powders was much more lasting than any I have had yet. I am getting up every day now, and when I feel tired I lie down on the top of the bedclothes. I feel altogether stronger since I began to get up."

From this date, the 22nd February, 1882, there seemed to be an end of the ovarian pain, and as I thought it advisable that an antipsoric might now be given with advantage, the more so as the menses were still in abeyance, I selected *Natrum Muriaticum*. The indications for this medicine were—she was always low-spirited in windy weather or during a storm; there had been a sudden suppression of the menses with amenorrhœa for a year and a half; and, lastly, *Natrum Mur.* was considered by C. Hering complementary of *Apis*. On the 20th November, 1881, she got one dose of *Natrum Mur.* 50 M (F. C.), and it was allowed to work undisturbed.

A steady general improvement set in as regards her general health, there being no return of the ovarian pain until about

the end of February, when she received one more dose of *Apis* CM (F. C.). On the 18th March, 1882, I received the following note from A. C.: "I am recovering rapidly; very little or no pain since I took the last medicine. I am out of doors every day, often walking near to the lodge and back. The air strengthens me when the sun shines. It is a great mercy to me to enjoy the fresh air after being given up by all my doctors except you. I feel sure that if you had not taken my case in hand I should have been in my grave by now."

10th April, 1882.—On this date I received the following satisfactory statement:—"I wish to intimate that I shall not be requiring any more medicine, because I am as well as ever now. My monthly courses returned on Saturday last. I did not intend writing you, as you are so soon coming to the Glen, but as you seemed anxious to know of the return of the menses I now write."

About the middle of May I visited my patient, whom I found "as well and hearty as ever she was in her life," walking three miles to work of a morning, and three miles back of an evening, the latter all up hill, and her employment was refitting and laying carpets for one of the largest mansions in the Glen.

It may be worth noting that I went there purely for the purpose of sport, and on the present occasion in order to enjoy some first-class Spring angling. The poor girl and her parents were sadly puzzled to find some means of showing their gratitude, seeing that remuneration was out of the question. In the presence of my daughter, who was the means of spotting the girl, A. C. looked up in both of our faces, and said, in the most artless and innocent way, "*Father wishes to know if you would like us to put it in the papers.*" As it is, I got quite enough of notoriety without "putting it in the papers," much more than I bargained for or liked under the circumstances.

16th April, 1883.—Lastly.—Up to this date the girl A. C. has remained perfectly well and healthy in every respect. What part the *Natrum Mur.* 50 M (F. C.) played in restoring the menses, deponent sayeth not. I have given the main facts of the picture, others may fill in the details. Query—What can there be, what is there, in a 50 M or a CM (F. C.) to effect so great relief and cure? The materialist replies "Nothing!" Then there must be something in what he calls nothing—for neither good nor evil can come out of nothing—although there are plenty of wiseacres who con-



scientifically but illogically believe that the universe was made or created out of nothing. It is plain that we have something still to learn, in spite of our boasted science.

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### THE CONTAGIOUSNESS OF CONSUMPTION.

IMPORTANT facts relating to the bacillus tuberculosis and the contagiousness of consumption have just been brought forward by Dr. W. T. Belfield, Professor of Pathology in the Rush Medical College in Chicago, in an address delivered before the New York College of Physicians and Surgeons. The lecture was the third of the Cartwright series on the relation of fungi to disease. Dr. Belfield combated the criticism which a number of American physicians have passed upon Koch's theory, that bacilli are capable of reproducing tuberculosis in man and other animals. He reviewed the experiments of Koch, upon whose correctness of experimentation he admitted that the demonstration rested, and discussed the modification suggested by Pasteur and others. But while aware of the difficulty of the demonstration, he contended that Koch had certainly proved that tuberculosis could be induced by inoculation with tuberculous tissue, and pulmonary tuberculosis by the inhalation of tuberculous sputum, and that it could be conveyed from man to animals. In reply to the objection that this being the case there could be no freedom from tuberculosis, Dr. Belfield said that one-seventh of the human race did contract tuberculosis, but the infection was slow and insidious; and tuberculosis might be conveyed to a sick but not to any healthy animal. The lecturer exhibited a number of magnified photographs to prove that bacilli were not strings of fibrine or fat crystals, by showing that they retained aniline colour after the rest of the tissue had been decolourised.—*Public Opinion*, April 7, 1883.

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### NOTABILIA.

*a.* DR. R. GREGG'S WORK ON DIPHTHERIA has been translated into the Italian language by Dr. Pompili, of Rome. We congratulate both author and translator.

*β.* THE MEMORY OF DR. BAYES IN FRANCE.—We record with pleasure and gratitude the brotherly sympathy of our

French colleagues in the bosom of the *Société Médicale Homœopathique de France* touching the demise of Dr. Bayes, and the consequent great loss to Homœopathy in this country. On the motion of our friend Dr. Claude, of Paris, a formal vote of condolence was passed by the *Société* and forwarded to Dr. Pope as the present honorary secretary of the London School of Homœopathy. Dr. Claude has a practical knowledge of the English language, and has twice officially represented his French colleagues at British Homœopathic Congresses, and he is thoroughly conversant with all we do in this country, and everything of importance is at once brought by him to the knowledge of our Gallic colleagues. In this country we are apt to be a little too insular in our notions, whereof our Continental colleagues rightly complain.

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### SPIRÆA ULMARIA.

DR. J. BAUGH, of Hamilton, Canada, reports in the *Canadian Lancet*, August, 1882, that the use of this drug (commonly called queen of the meadow) in the treatment of senile enlargement of the prostate gland has in three cases given him wonderful results. The most obstinate retention of urine was promptly and completely relieved in fifteen minutes by a simple infusion of the herb. Its anti-spasmodic properties are very marked at the sphincter vesicæ. The doctor asks for this agent a fair trial by the profession. —*New York Medical Times*.

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### DR. CLAUDE ON THE HOMŒOPATHIC TREATMENT OF HEPATIC COLIC.

IN our last issue we epitomised the treatment of gall-stones from the homœopathic standpoint. We omitted, however, to refer to a series of articles on this subject that was published by our eminent colleague, Dr. Claude, of Paris, in the *Bulletin de la Société Médicale Homœopathique de France*, which journal Dr. Claude so ably edits. We have not space to reproduce these articles in their entirety, but those interested in the subject will find them in vol. xxii., pp. 385, 449, 513, and vol. xxiii. (année 1881), p. 257. Dr. Claude enumerates sixteen cases of hepatic colic evidencing the

superiority of *China* as a remedy. Dr. Claude refers also to cases by Dr. Chargé, and to a number of others in the homœopathic literature of America, and offers pathogenetic explanations of the happy results of the treatment with *China*. This important essay was discussed by the members of the *Société Médicale Homœopathique de France* at their meetings in February and March, 1882. Perhaps the most useful part of Dr. Claude's essay lies in its bibliography, and the learned author may fairly claim a front place in our literature of the subject.

## DIABETES MELLITUS CAUSED AND CURED BY OPIUM.

LEVINSTEIN, in his valuable monograph, "Morbid Craving for Morphia," says: "The presence of sugar in the urine after the administration of poisonous doses of *Morphine*, which must be considered as of frequent occurrence, will, henceforth, have a legal importance. The absence of sugar in the urine in a case of suspected poisoning by *Morphia* would at least render it doubtful whether death was caused by *Morphia*. Such a case would be decided if the quantitative analysis should show an amount of *Morphia* sufficient, according to experience, to prove fatal."

Dr. Bastian has published in the *British Medical Journal*, January 7, 1882, a case of diabetes mellitus in which much benefit was obtained from the use of *Opium* in large doses.—*New York Medical Times*.

## CONVALLARIA MAJALIS.

FROM facts stated by A. Langlebert, in a note on this new remedy (*Pharmaceutical Journal and Transactions*, August 19, 1882) it would appear that each part of the plant employed produces a slightly varied effect. After several trials made with the flowers, stalks, leaves, and roots, the best results were obtained with an aqueous extract prepared from the flower and stalks of the *Convallaria Majalis*, with the addition of a third of their weight of roots and leaves.

## MORTALITY, STATISTICS, AND FOOD.

The *Students' Journal* gives some interesting facts deduced from an examination of the viability of children under dif-

ferent methods of feeding in Germany. Thus of 100 children nursed by their mothers, only 18·2 died during the first year; of those artificially fed, 60 died; and of those brought up in institutions, 80 died to the 100. Again, taking 1,000 well-to-do persons and 1,000 poor persons, there remained of the prosperous after five years, 943, while of the poor only 665; after fifty years there remained of the prosperous 557, and only 283 of the poor; in seventy years there remained of the prosperous 225, and but 65 of the poor. The total length of life on the average among the well-to-do was found to be fifty years, as against thirty-two among the poor.

## THE LONDON SCHOOL OF HOMŒOPATHY.

THE annual meeting of this institution was held on the 10th ult., when Lord EBURY occupied the chair. The notice convening the meeting having been read by the Secretary, the report was read by the Honorary Secretary. This document commenced with a brief allusion to the irreparable loss sustained by the School through the death of Dr. BAYES, and a reference to the letter of sympathy with the School, on the occasion, sent by the Société Médicale Homœopathique de France. The details of the work of the School follow. The incorporation scheme, and the difficulties which have arisen in connection with carrying it out, are then noticed, and the possibility of the meeting being unwilling to proceed any further with it is provided for by the outlines of two schemes for the future management of the School, which have been circulated among all homœopathic practitioners who have at any time expressed an interest in the School. The chief difference between the two proposals is, that the *first* arranges for the absorption of the School by the Hospital; the *second* provides for the complete independence of the School.

Dr. BLUMBERG, J.P., of Southport, has been appointed Hahnemann Lecturer for 1883.

The financial statement of the report shows a falling-off in subscriptions during 1882 of £199 8s., and an increase in donations to the extent of £35 4s. 6d. The expenses of the School have diminished £49 11s. during 1882.

In moving the adoption of the report, Lord EBURY urged most strongly that in any arrangements that might be made,

unanimity should as far as possible prevail. He did not think that between the two schemes there was much practical difference.

The resolution was seconded by Major VAUGHAN-MORGAN, and carried unanimously.

Dr. DUDGEON read a memorial signed by a number of homœopathic practitioners in Liverpool, suggesting that the funds of the School should be invested, and devoted to the endowment of a chair of *Materia Medica*, the lectures delivered at which should be recognised as a part of the curriculum of medical education.

After some little discussion, it was evident that this proposal was rather a matter of detail which might be considered by the committee of the School.

Major VAUGHAN-MORGAN then moved the adoption paragraph by paragraph of a somewhat amended edition of the first proposal. During the discussion it was shown that under this arrangement the lecturers would be appointed by the subscribers to the School, that they would be independent of the fundamental rule of the Hospital, that the funds subscribed and to be subscribed would be used solely for the purposes of education, and that every effort would be made by the Board of Management to make the School well known. The arrangement, therefore, by which the School will in future be known as the London Homœopathic Hospital and Medical School, and be under the direction of the Board of Management of the Hospital, was adopted.

Dr. C. L. TUCKEY was elected Honorary Secretary, in the room of Dr. POPE, resigned. A motion proposed by Dr. HUGHES to unite the offices of honorary secretary, librarian, and curator of the museum, and to give the holder the title of Dean of the School, was lost.

After a cordial vote of thanks to Lord Ebury for occupying the chair, the meeting separated.

At the committee which preceded the general meeting, Dr. Pope resigned the office of Lecturer on *Materia Medica*, and it was resolved to advertise for candidates for the post. The election will be in the hands of the subscribers to the School funds, and will take place about the middle of June. Applications are to be sent in by the end of May.

The summer course of lectures commences to-day, May 1, when Dr. Dyce Brown will continue his lectures on the Practice of Medicine, and Dr. Hughes will on Thursday, the

3rd, begin a series on the Institutes of Homœopathy. The following is the programme :—

- May 3. The Relation of Homœopathy to Hahnemann.
- „ 10. The Knowledge of Disease.
- „ 17. The Knowledge of Medicines.
- „ 24. “Similia Similibus Curentur.”
- „ 31. The Selection of the Similar Remedy.
- June 7. Do. do. do.
- „ 14. The Administration of the Similar Remedy.
- „ 21. Do. do. do.
- „ 28. The Philosophy of Homœopathy.
- July 5. Hahnemann's Theories.
- „ 12. The History of Homœopathy.
- „ 19. The Claims of Homœopathy.

#### REPORT.

In presenting their report for the past year the committee have in the first place to express their deep regret at the irreparable loss sustained by the School through the death of its vice-president, its founder and ever energetic supporter, Dr. WILLIAM BAYES. At a meeting held shortly after he so suddenly passed away the committee unanimously adopted a resolution expressing their sympathy with Mrs. Bayes and their deep sense of the eminent services Dr. Bayes had rendered to Homœopathy and to this institution, which is so much indebted to him for his fostering care.

In January of this year a letter was received from the Société Médicale Homœopathique de France sympathising with the supporters of the School on this melancholy occasion, and at the same time bearing testimony to the invaluable services Dr. Bayes had in various ways rendered to Homœopathy and the high esteem in which he was held by his medical brethren in France.

During the Winter Session of 1881-2 and during the summer of 1882 the classes were fairly attended. The average number present during each lecture throughout the winter being nine, and in the summer seven.

The Winter Session of 1882-3 was opened by the delivery of the Hahnemann Lecture by Dr. DUDGEON, an eloquent and brilliant discourse which has since been published by the School and distributed among the Subscribers.

The Session opened with an entry of only five Students, whose attendance it is much to be regretted has been but irregular.

The report of the sub-committee appointed at the last annual meeting to make inquiries as to the best means of securing the incorporation of the School was adopted at a special meeting held on the 26th of October.

This report recommended that application should be made to the Secretary of the Board of Trade for a charter of incorporation under the Companies Acts, 1867. The resolution adopting the report having left the date when application should be made to the discretion of your committee, the presentation of it was delayed until arrangements could be entered into which would enable the committee to make it with some prospect of success. Meanwhile considerable opposition was raised to carrying the resolution into effect, and the financial condition of the School also rendered further postponement desirable. Accordingly at a meeting of the committee held on the 29th of December it was resolved to delay application until the general body of the subscribers had had another opportunity of considering the question. A resolution on the subject will therefore be proposed at this meeting.

In the event of the governors and subscribers not being disposed to pursue this matter any further, and it being of great importance that the future government of the School should be placed upon a basis which, while preserving its integrity and securing the application of its property to the objects for which the money was subscribed, should meet with the greatest amount of approval and support from all who are really desirous of promoting the work of diffusing a knowledge of Homœopathy among the members of the medical profession, and therefore rendering any further modification of the plan which may be agreed upon unnecessary for some years to come, the two following proposals have been submitted to all Homœopathic practitioners who have at any time manifested an interest in the School by subscribing to its funds.

*Proposal No. I.*

1. That the invested funds of the School shall in future stand in the names of the Trustees of the London Homœopathic Hospital.

2. That the money so held shall be designated the "Bayes School Fund;" and shall be applied solely to the public teaching of Homœopathy.

3. That the management of the School shall be entrusted

to the Board of Management of the London Homœopathic Hospital, assisted by an honorary secretary, to be elected by the subscribers to the School funds.

4. That the title London School of Homœopathy shall be abandoned, and that the institution so known at the present time shall henceforth form a part of that originally described as the London Homœopathic Hospital and Medical School.

5. That the present lecturers shall continue in office during 1883 and 1884, and that all future lecturers shall be appointed by the subscribers to the School funds; such appointments being made subject to confirmation by the Board of Management of the Hospital.

6. That in the event of the operations of the School being suspended from any cause whatsoever, the income derived from the Bayes School Fund shall be devoted to the general purposes of the hospital, preference being given in its expenditure to such purposes as may be regarded as educational.

7. That the principal shall remain intact, and be used only for the establishment or assistance of a School for the teaching of Homœopathy, at the discretion of the Hospital authorities for the time being.

8. In order that this scheme may be carried out, it will be necessary to obtain the sanction of the Governors of the Hospital at their ensuing annual meeting to the alteration of Law XXXVI., section 2, in such a manner as to except the lecturers from being appointed by the Governors of the Hospital; and of Law XLVIII., so as to place their election in the hands of the subscribers to the School, subject to the veto of the Board of Management of the Hospital.

From inquiries that have been made it is believed that this plan will not bring the appointment of lecturers under the fundamental rule which regulates the appointment of medical officers to the Hospital.

#### *Proposal No. II.*

1. That the School shall continue to be known by the title agreed upon at the Congress held in Liverpool in 1877.

2. That the funds possessed by the School shall be invested in the names of trustees appointed by the governors and subscribers, and shall be kept separate and distinct from those of the London Homœopathic Hospital.

3. That an executive committee shall take charge of the



finances, superintend the working details of the School, and see that the regulations of the institution are duly enforced.

4. That for any business of a special character, for the election of officers, and annually to receive a report, the committee shall call general meetings of the governors and subscribers.

5. That the election of the executive committee, of trustees, and of all officers whatsoever shall rest with the governors and subscribers.

6. That such governors and subscribers shall consist of life governors who have been or may be donors of £10 or upwards; governors during five years being donors of £5, and annual governors being subscribers of £1.

7. That in order to secure simplicity in management and facilities for working, as well as to ensure that cordial co-operation in the work of education in Homœopathy between the School and the Hospital which has ever been desired by the supporters of the School, the governors and subscribers be advised to request the members of the Board of Management of the Hospital to undertake the duties of an Executive Committee in regard to the School, but in such a manner as shall prevent them from infringing or from running the risk of appearing to infringe on any rule of the Hospital.

8. That it is recommended that the Chairman of the Board of Management of the Hospital be elected President of the School; the Treasurer of the Hospital, Treasurer of the School; the Secretary of the Hospital, Secretary of the School.

During the year the following gentlemen were added to the lists of Governors:—Dr. Torry Anderson, Dr. J. H. Clarke, Dr. Goldsborough, Dr. Jagielski, Dr. Byres Moir, Mr. Noble, Dr. C. C. Tuckey, Mr. H. T. Wood.

Dr. Dudgeon, Dr. E. T. Blake, and Dr. Cash having renewed their subscriptions, have been replaced on the list of Governors.

From the financial statement appended to this report it appears that the subscriptions compare unfavourably with those of last year, showing a falling-off of £199 8s. The donations, on the other hand, are £35 4s. 6d. in excess of those of 1881.

The revenue account, which on the 1st January, 1882, showed a deficiency of only £34 3s., now displays a *debit* balance of £156 3s. 5d. On the other hand the expenditure of 1882 has been less by £49 11s. 4d. than it was in 1881.

And this notwithstanding some of the expenses incurred in connection with the promotion of the scheme for the incorporation of the School.

The total invested property of the School is valued at £1,698 14s., the fittings, furniture, library, and museum at £117 6s., and at the date when the accounts were audited the balance at the bank and in hand amounted to £27 4s. 11d.

During the three months ending March 31st which have elapsed of the current year £84 19s. 4d. has been received from subscriptions, donations, and dividends; while the accounts at present outstanding amount to £177 8s. 10d. To meet these liabilities and to provide for coming expenses it will be necessary to dispose of stock to the value of £200.

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## LITERATURE.

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### HAHNEMANN, THE FOUNDER OF SCIENTIFIC THERAPEUTICS.<sup>1</sup>

THIS pretty little volume only contains one hundred and twelve pages, and were it fated to be reviewed in the columns of the *British Journal of Homœopathy* its author would be editorially informed that the material was insufficient to make a "book;" *we expect something more in a "book"* would have been the editors' valediction. We have, however, a fondness for *little* books that can be read in an hour or less, and consequently the size of the volume before us decidedly prepossesses us in its favour. Dr. Dudgeon's motto, *Nec fas est propius mortali attingere divum*, may be read in two ways, according to who the *divus* may be. Of course our author means it to read thus: "*Nec fas est propius mortali (Dudgeoni<sup>2</sup>) attingere divum (Hahnemannum).*" We commend this reverent spirit in the disciple to the master.

The learned lecturer had, as we all know, a great affection for the late Dr. Bayes, and always tried to aid

<sup>1</sup> Hahnemann, the Founder of Scientific Therapeutics. Being the third Hahnemannian Lecture, 1882, by R. E. Dudgeon, M.D. London: Gould and Son, 1882.

<sup>2</sup> Declined, of course, on *leo*.

Dr. Bayes in every possible way, whenever the usefulness of the London School of Homœopathy was concerned. Dr. Dudgeon's *in memoriam* dedication to Dr. Bayes is, therefore, singularly touching and graceful.

A homœopathic author is necessarily in a dilemma because of the fewness of our numbers: if he write for the homœopathic branch of the profession *pur et simple* there is at least one thing he may safely *not* reckon on—viz., a *grateful* publisher. If the homœopathic author seek to widen his circle of readers he may say his say semi-popularly and his fellows will, as a natural consequence, hate him, throw dirt at him, and knowingly hint at the weakling's anathema—*ad populum*.

There is yet another way open to the homœopathic writer, he may play to the gods in the galleries—the tag and bobtail of the profession itself—and he will find himself in the end in the traditional position between two stools. Dr. Dudgeon has here tried this playing to the gods by writing down to the level of the great mass of the profession of to-day—i.e., the level of fifty years ago. But, painful to relate, he has not succeeded in getting down low enough, although he casts overboard whole lumps of homœopathic history to facilitate the descent. He is still far too high for them—the law and the little dose given according to the provings. For the gods in the allopathic gallery demand first of all *no* law, and secondly big doses that can give the belly-ache, as *proving* that it is the right sort of physic which they are giving.

To tell them of all the nastinesses which our and their forefathers in physic made use of proves nothing, since the giving of nastiness is hardly less prevalent now than then. Those were, so to speak, the nosodes of those days. Which is, perhaps, the least appetising, *Album graecum* or *Medorrhinum*? But Dr. Dudgeon will answer, "I do not use *Medorrhinum*, or any such abominations." Neither did the general profession use *Album graecum* at the advent of Hahnemann. Again, on what principle, it may be asked, is Faber's *Quinta Essentia Bufonum* held up to ridicule? Is not this same *Bufo* in our own materia medica of to-day?

Furthermore, why should the lecturer hold up the old *Pulvis viperinus* to contempt, and as a reason for contemning old medicine, when *Vipera*, *Naja*, and *Lachesis* are in almost daily use by ourselves? Hence we come to the conclusion

that the first part of the volume before us has but very little value of any kind, either historic or scientific.

The next part establishes Hahnemann as the practical founder of scientific therapeutics. This is good, and was worth doing; but Dr. Dudgeon is, unfortunately, not content with this. He falls foul of Hahnemann where he leaves Leipsic for Coethen, and takes untold trouble to make it appear that Hahnemann was the greatest of physicians so long as he was at Leipsic, but as soon as he leaves Leipsic he becomes something very small indeed. Let us note the *tone* of the remarks which lead up to the minimising of the Hahnemann of Coethen. Coethen itself is "the petty capital of the petty duchy," and life there is "the dull monotony of a fifth-rate provincial town," whose inhabitants "insulted him to such a degree that for years he never crossed his own threshold unless to visit his one patient, the duke," etc. That Hahnemann did confine himself to his own little garden at Coethen is quite true, but the reason given by Dr. Dudgeon is a mere idle and silly story, the whole "insult" being reducible to a small boy having once thrown a stone at Hahnemann's windows, and this was probably a mere accident. Small boys throwing stones was not peculiar to the Coethen of Hahnemann's day, we imagine. We may be wrong on this point, but will Dr. Dudgeon give us a *real* authority for this oft-repeated story of the inimity of the Coethener to Hahnemann? Its inherent improbability utterly condemns it. While at Coethen Hahnemann carried on a *large*, a very large consulting practice; this Dr. Dudgeon reduces to "occasional consultations by letter," and "a few" rich patients who journeyed to Coethen to consult him. Dr. Dudgeon seems particularly anxious to debase Hahnemann at Coethen. His removal to Coethen is ascribed to "the charity" (!) of an amiable prince, who "offered him a paltry post with the mild dignity of *Hofrath*." The "paltry" post was not "paltry" at all, but the highest medical post in the country. Certainly the prince was not sovereign of a *large* country, but does that make the post of physician to a reigning prince "paltry"? Then the dignity conferred upon Hahnemann by the prince was that of *Hofrath*; this Dr. Dudgeon styles "mild." As a matter of fact, *Hofrath* is about the equivalent of the Q.C. of our lawyers, and is a high rank. A *Hofrath* wears a court uniform and sword; he is usually a *persona grata* at court; the dignity gives social status such as money cannot buy, and its *greatest* value is in

a small country town in Germany. Thus it is clear that either Dr. Dudgeon has an imperfect conception of circumstances, or he wishes, *à tout prix*, to show how utterly contemptible was the Hahnemann of Coethen. Now, we are not here concerned to defend the Hahnemann of Coethen, or to affirm that all the master did and said there is to be taken as gospel by his followers; by no means. If the Coethen phase of Homœopathy do not show itself of notable value at the bedside of the sick and in the consulting-room, then away with it to the limbo of oblivion, we will have none of it. We like best the genuine, scientifically-demonstrable Homœopathy, and here we are at one with our incomparable Dr. Dudgeon; but is the Coethen phase of Homœopathy to be thus got rid of, as the lecturer here attempts, by the simple sneer of the cynic? Dr. Dudgeon makes a *tabula rasa* of the whole phase, and would fain persuade us that it shall henceforth be regarded as the mere drivel of a dreamer.

After thus making a clean sweep of the Coethen phase of Homœopathy, Dr. Dudgeon again returns to the earlier Hahnemann, and kindly really leaves him the benefit of the "rule," *similia similibus curentur*. After all this tall talk about "science," "scientiate," etc., we have only arrived at a "rule" of thumb according to which we may choose our remedies. This miserable playing to the allopathic gods for just a *ketle* approbation, for just a *wee bit* of recognition, is to our mind most hateful and contemptible. After all, and all, we have only a "rule"—*et tant de bruit pour une telle omelette!*

We are truly sorry to differ so widely from our esteemed friend Dr. Dudgeon, but we cannot for one moment accept his handling of Hahnemann at Coethen. It is a mere party statement, full of prejudice against persons, and ignoring some of the brightest pages of our *clinical* history.

The history of the Coethen phase of Homœopathy has yet to be written. The third Hahnemannian lecture, in so far as it relates to it, has fallen still-born, and even the gods in the Allopathy gallery to whom it is addressed will but pity the self-mutilating efforts of a veteran homœopath.

DEATH IN A DENTIST'S CHAIR FROM CHLOROFORM.—A lady living in Dunnville, Ontario, died in a dentist's chair on September 11th, while under the influence of chloroform, which had been administered by her physician for the purpose of having her teeth extracted.—*Ext.*

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

## SYPHILINUM IN SYPHILIS.

DEAR EDITOR,—Mr. Henry Leake, of Brisbane, in a letter dated June 24th, 1882, sends me such an interesting case that I feel sure it should be made known. He says, "The nosodes you sent me have done some remarkable work already. A cabdriver came to me; he said he had had three chancres on the same spot in two years, but that he had only caught the first one. His hands were so badly ulcerated at the back that for a long time he had worn calico screens over them. I changed the ointment he had been using for the hands from zinc to simple, and gave *Syphilinum* three times a day for five days. In twenty-four hours his hands were nearly well. I have never seen so rapid a change. On the fifth day the chancre showed signs of aggravation; then the medicine was stopped, and in a fortnight he considered himself cured. This is six months ago, or nearly so, and he has not been to me since, as I know he would have done if there were any relapse."

It may interest the writer of "A Defence of Hahnemann's Pharmaceutics," in the April number of the *British Journal of Homœopathy*, to know that the potency which effected the cure was Dr. Skinner's DM. (F.C.), which has been demonstrated to be mathematically accurate in its notation, and equivalent to a DM. prepared according to HAHNEMANN'S early method, the statement of the above writer to the contrary notwithstanding.

By the way, seeing that all the *essentials* of HAHNEMANN'S method of preparing potencies are observed by Dr. Skinner and others—the non-essentials, on which the writer lays such stress, having been modified by the master himself from time to time—it would be more satisfactory if the writer would employ his time in defending Hahnemann's *therapeutics* rather than his *pharmaceutics*. It seems to have been very painful to his feelings to discover, as he thinks, that some professed homœopaths do not follow the master in the *preparing* of their medicines. I know, however, of something still more distressing—viz., that some professing homœopaths do not follow Hahnemann in *prescribing* their medicines! But of course the "absolute

liberty of medical opinion and action," which is claimed by some in the greater matter of therapeutics, must not be conceded to others in the lesser matter of pharmaceutics. Oh, no! that is quite a different matter.

Yours truly, E. W. BERRIDGE, M.D.  
48, Sussex Gardens, Hyde Park, W.

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### "DR. THOMAS ON THE CAUSE OF TUBERCULOSIS."

SIR,—In response to Dr. Thomas's criticism in your January issue of my views about bacteria and tubercles, please allow me to say, first of all, that Nature is organised on exact principles in *all* of her departments. To illustrate this in one department: Whenever a great truth is found and proclaimed in any quarter of the globe, there are men enough everywhere upon whom such truth grates so discordantly that they attack it violently, and spread it by the very violence of their attack. By such means others are led to see that there must be something in it. Thus it seems to be in this case. There have been several such to attack me in this country, and give much greater prominence to the few simple facts I have presented than these could otherwise have attained in so short a time. And I had wondered who would be the first to break the ice for me in England, when, behold! Dr. Thomas appears as the man.

In what the doctor says about my using the word "bacteria" instead of "bacilli," it is all the merest quibbling on his part. Does he not know that the bacillus is only a minor subdivision of bacteria? I preferred the use of the broader term, so as to cover the whole ground.

About the expression I used of bacteria being "on the very borders of the visible," and of which the doctor would make so much, I would recommend him to read Oertel, and find that was a quotation from him. He will find Oertel an entertaining writer, and not half so confident about bacteria being the cause of everything as he himself appears to be.

In regard to the colour of bacteria, or micrococci, I would advise him to read Cohn and learn that the claimed bacteria of disease are white and not "darkish or coloured granules." Or, what would be better still for him to do, call a convention of bacterists and induce them to agree among themselves on all these points before asking us to accept all they tell us, or all their contradictions, as gospel truth. And here let it be understood once for all that I have restricted my

writings, in this field, entirely to the claimed bacteria of disease, and not scattered myself over "mouldy bread," as the doctor appears to have done, or into any other department of vegetable nature.

Does not Dr. Thomas know that, in the primary organisation of fibrin, its granules come together by apposition, thus giving them much of the *appearance*, at first, of multiplying "by binary subdivision," although they are then really uniting: whereas, under retrograde metamorphosis, in a rotting diphtheritic membrane, they then separate and actually repeat, or imitate, all the steps in "binary subdivision" that micrococci are said to take? And does he not know that said granules in the first instance, by uniting, extend "into straight rods, sometimes of considerable length, which break up by transverse subdivision into separate cells," or granules, under disintegration, as just said? Also that they show something of the appearances of a flagellum at either end under such circumstances? "Ye shall know the truth, and the truth shall set you free."

So much for bacteria in general, and now for Koch and his bacilli of tubercles.

To what kingdom of nature do tubercles belong? They belong exclusively to the animal kingdom, and their ravages are confined exclusively to animal life. A tubercle is wholly an *animal* structure, and a tubercular cell is purely an *animal* cell.

Next, what is a bacillus? All bacterists and all naturalists agree that it is a *vegetable* germ. In nothing is there such uniformity of opinion among them as in this.

Well, now comes Professor Koch, and tells us that this *vegetable* germ, the bacillus, will and does produce an *animal* structure, the tubercle. This flat contradiction of all Nature is, perhaps, no more than we might expect of one who has the ear of the world, and whose whole interest it is to make good that to which he is so thoroughly committed.

But much the stranger thing is, that, next, along comes Professor Tyndall, and flatly contradicts himself and all his teachings of a lifetime, by saying, "Yes, Professor Koch has made a great discovery"—namely, that a *vegetable* germ will produce an *animal* structure; and Dr. Thomas says "Amen."

They might just as well tell us that rosebuds develop into elephants, or that violets furnish the germs of alligators.

For years Tyndall has fought Bastian and his doctrine of transmutation, and his "*de novo* origin" of the lowest forms of life. Bastian must dance for joy at the evidence Tyndall



now furnishes in this matter of tubercle of his own inconsistency and contradiction of himself.

Sarcasm and personal thrusts have no proper place in a discussion of scientific matters. But as an offset to my critic's "*Bacterium Greggii*," I will name his endorsement of Koch's and Tyndall's absurdity about vegetable germs producing animal structures, the *Absurdum Thomasii*. We naturally expect something better and more logical from one who is familiar with Hahnemann's more accurate interpretations of nature, and with his more profound logic.

Besides, I would suggest to the doctor to use his own brain to do his thinking with after this, instead of Professor Koch's or Professor Tyndall's. He certainly cannot fare worse by so doing than he has in this instance, and may do better.

With reference to the production of tubercles and tuberculosis by inoculation, Dr. Thomas can know little or nothing of what has been said and done for years in that field. He appears to know nothing of what Professor Andrew Clark, F.R.C.P., of your city, did years ago, or what Professor Formad, of Philadelphia, has been doing the last two or three years, and especially the last year. Professor Clark said five years ago that at the same time that Villemin was engaged on his experiments, by which he so misled the world, he, Clark, was also engaged in similar experiments, and produced tuberculosis and the eruption of tubercles in rabbits, not only by inoculating them with tubercular pus, but just as readily and frequently by the use of "almost any matter."

Professor Formad reports having experimented upon many hundreds of animals, in which he produced tuberculosis by inoculating with many different kinds of matter, and with "chemically pure powdered glass," about as readily as with anything else. In regard to the use of bacilli for the experiments, he says that "Koch could just as well have used some sand for inoculation, and saved his valuable cultures of the bacillus tuberculosis," and obtained the same results. Furthermore, that while inoculating with the bacilli cultures into any portion of the body of the rabbit and guinea-pig will produce tubercles, the same results cannot be produced in the non-scrofulous cat, dog, etc., unless introduced into a serous cavity like the peritoneum or anterior chamber of the eye. That Koch himself could not produce tubercles in the latter-named animals unless inoculating into those cavities, but that sand would do the same when thus introduced into the cat or dog, while in the rabbit, introducing sand anywhere

under the skin would cause tubercles as readily as would the bacilli, etc.

Moreover, Formad says the laboratory of the University of Pennsylvania furnishes just as good instruments and other means for investigation as are to be had anywhere, and he calls in question several of Koch's other claims about bacilli and their effects.

The claims of the *specific* character of the bacilli tuberculosis being thus destroyed *in toto*, and non-specific matter shown to have the same effect, when used in the same way in the same species of animals, we can brush all that rubbish aside, and I can tell Dr. Thomas, in conclusion, what he as yet knows nothing whatever of.

I will tell him that tubercular corpuscles are nothing more nor less, in any case, than red blood corpuscles decolourised by circulating in the too watery blood of consumptives, then deposited to make the tubercle, or they are first congested in a part, then decolourised by the resulting inflammation; and that tubercles consist of said decolourised blood corpuscles locally congested in knots, with fibrin poured out from the blood, into and around them, and there organised to enclose them and limit their destructive work as much as possible. That the angular and shrivelled appearance of what have so long been falsely called tubercular corpuscles is the result of the decolourised blood corpuscles which constitute them, being partially dried and shrunken under the heat of inflammation, or by pressure in the mass, or both; and that the reason for the inoculation of "almost any matter" producing tubercles is, that it causes congested knots of red blood corpuscles, which are then decolourised to make the so-called tubercles.

Thus a very little knowledge of the "innards" of some things shows how little sense "some doctors do have to be sure," when they use other men's brains to do their thinking with. Surely "half the cure of a disease is to know the cause of the same," and we are going to know all about tubercles soon. Yea, verily, "Ye shall know the truth, and the truth shall set you free."

Buffalo, N.Y., March, 1883.

ROLLIN R. GREGG, M.D.

### THE BACILLUS OF TUBERCLE.

DEAR SIR,—In your April number Dr. Gregg, writing further in relation to his theory of tuberculosis matters,

which he thinks "not wholly irrelevant to some of the points Dr. Thomas makes," and which you consider as a reply to my previous remarks on Koch's discovery and Dr. Gregg's ideas. In noticing the paper I can only say that it appears to be divided into two parts—first, a reiteration of Dr. Gregg's granules, etc., of fibrin, which was fully considered in the paper in your January number, and until the objections there advanced to this statement be fairly refuted, a mere iteration in no way strengthens Dr. Gregg's position.

The latter part of Dr. Gregg's article in your April number deals with the pathology of tuberculosis and the statement that bacteria [should read "bacilli"] have nothing to do with either the production of such pathological condition, nor can the presence of such micro-fungi explain any such changes. This statement is very easy to advance, and as easy to deny.

It needs but a little knowledge of the subject to appreciate the ravages that must be made in the human body by excessive development of such low forms of life as bacillus tuberculosis, which, like all micro-fungi, needs nitrogenous matter for its support.

The main question is the first one—viz., the presence or absence of a bacillus in the tubercle and sputum of tuberculosis of the lungs; and since Koch's labours and writings on this subject the matter has been made so clear that any one possessing a slight knowledge of the use of the microscope and how to prepare slides can find out for himself whether Koch is right or whether Dr. Gregg's statements have any value.

Yours truly,

H. THOMAS, M.D.

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#### DR. SKINNER ON THE HÆMATURIA OF DROSERA.

DEAR SIR,—Permit me to draw your attention, as also the attention of Dr. Ussher and your readers, to a statement in your April issue. At page 150 Dr. Ussher states, "*Drosera* has no hæmorrhage *as yet*. Dr. Skinner believes it will be proved to have it, because it cured the hæmaturia of cows."

It is just possible that I may by the above statement be misunderstood, and that I believe with Dr. Ussher that hæmorrhage in some form or other is no part of the pathogenesis of *Drosera rotundifolia*. On the contrary, if Dr. Ussher will read over the pathogenesis of *Drosera* even in his favourite work, "Hering's *Condensed Materia Medica*,"

or any less condensed work of the kind, he will find that *Drosera* has *epistaxis*, or nose-bleed, and *hæmoptysis*, or spitting of blood from the lungs or pulmonary mucous surfaces well marked. Hering gives to *Drosera* the credit of having *blood with the stools*. His words are, "With the stool, discharge of *bloody-mucus*." Let me add, that *Drosera* has induced *hæmatemesis* or vomiting of *blood*. As regards *hæmaturia*, blood with the urine, so far as I am aware, it has never been observed. In the case of *Drosera*, where I removed the *hæmaturia*, if Dr. Ussher will reperuse it, he will find that the removal was only temporary, *Arsenicum* being necessary for the cure of the *hæmaturia*.

I make these remarks, not because I do not fully comprehend the meaning of Dr. Ussher, but, as I have already said, in order that others might not misunderstand me.

25, Somerset Street, W.,

THOMAS SKINNER, M.D.

April 17, 1883.

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## REPORTS OF INSTITUTIONS.

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### THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL,

24, SOUTHWATER ROAD, ST. LEONARDS.

#### *Second Annual Report.*

THE managers, in presenting the second annual report of the Buchanan Ophthalmic and Cottage Hospital, are glad to be able to state that the past year has proved a successful one in every respect. They have to thank a largely-increased number of friends for their assistance and support. The list of subscribers has been more than doubled, and many have been led to take an interest in the institution, who before were unaware of its existence; their liberality is acknowledged with sincere thanks, and the managers venture to hope that it will be continued during the present year.

In addition to the original accommodation, a seventh bed has been placed in the hospital, by the kindness of Mrs. Eversfield; and one of the old beds has been endowed by the munificence of Mr. and Mrs. Pagan, of Guildford, as a memorial of their beloved and only son. Notwithstanding

this increased accommodation, the beds have been always occupied, and the managers have been compelled (much to their regret) to refuse admission to many cases which would have benefited from treatment in the hospital. They are waiting therefore anxiously for the time when a larger and more suitable building will enable them to extend their sphere of usefulness.

Seventy-two patients have been under treatment during the year.

The following table will explain the result of the year's work :—

Remaining in Hospital, January 1st, 1882 .....	5
Admitted during 1882 .....	59
Admitted for operation and discharged the same day .....	4
Casualty cases treated as out-patients .....	4
<b>Total under treatment.....</b>	<b>72</b>
Discharged as cured .....	35
Relieved .....	25
Incurable .....	3
Died .....	2
Remaining in Hospital, January 1st, 1883 .....	7
	<b>72</b>

Of the in-patients 23 were males, 45 females ; of these 29 were Ophthalmic cases.

Average number daily resident throughout the year.....	5.42
Mean residence of each in days.....	30.92
The average weekly cost per patient was £1 0s. 1½d.	

A comparison of the balance-sheet presented with the present report will contrast favourably with that submitted last year, when it is borne in mind that the earlier report dealt with a period of nine months only. The average weekly cost per patient being 2s. 7½d. less than last year.

The committee desire gratefully to acknowledge the valuable services rendered to the hospital by the medical officer, treasurer, and secretary; and at the same time gladly convey their thanks to the chaplain, whose ministrations have been highly prized by the patients; and to those ladies who have during the past year regularly visited the hospital.

The accounts have been audited and found correct by Archdeacon Huxtable. They show a result which may be considered as a matter for sincere congratulation.

The project that was announced in the first report for the erection of a permanent hospital has been carried forward

during the last year with remarkable success. The land having been conveyed to trustees on behalf of the hospital by C. Eversfield, Esq., and donations amounting to £1,906 9s. 5d. having been given or promised for the building fund, it was thought that the time had come for taking immediate steps towards carrying the scheme into effect. Improved and more extensive plans have therefore been prepared by W. Hay Murray, Esq., and approved by the managers. Tenders were invited, and the lowest of eight, that of Messrs. Eldridge and Cruttenden, for £2,568, was accepted. The new building is now in the course of construction. It is much to be hoped that those who are interested in the success of the hospital will, by their continued support, enable the managers to complete the payment for the building at the earliest possible moment, so that they may enter the new hospital unhampered by debt. The building fund account is kept at the London and County Bank, Hastings, where donations may be paid, or they will gladly be received by the Treasurer, 66, Warrior Square, St. Leonards. During the year one patient has been admitted who has been willing to pay an adequate sum for the advantage of receiving proper hospital attendance and nursing; other similar cases could have been admitted had the accommodation been greater and the situation of the present building more attractive. The managers, feeling convinced that the movement in London and elsewhere for providing accommodation for such patients is one that meets the needs of a large class, have therefore arranged wards for their reception in the plans of the new building.

[This report fills us with sincere pleasure; well done St. Leonards!—Ed. *H. W.*]

## SCARBOROUGH HOMŒOPATHIC DISPENSARY.

*Report for the year ending December 31st, 1882.*

COMMITTEE: Brocklebank, J., Esq.; Burkill, Isaac, Esq.; Hall, Rev. J. Sidney; Hopkins, Miss; Rowntree, John, Esq.; Simpson, Rev. J. C.; Walton, Thomas, Esq.; Whitehead, W. J., Esq. Treasurer: Wm. Rowntree, Esq., J.P. Medical Officers: F. Flint, M.D., M.R.C.S.E.; J. Gowing-Middleton, M.B., C.M.

The report on this occasion needs to be but a brief one,

and may be divided into two parts—(1) that relating to the work done, (2) that relating to the finances.

1. The work done has been of a steady and satisfactory character, and indicates the esteem in which the dispensary is held by the poor. There have been 7,906 attendances at the dispensary, as compared with 4,153 in 1881; and 2,816 visits have been paid to patients at their own homes, as compared with 1,406 in 1881. There have been 18 deaths—6 from phthisis, 2 from chronic bronchitis, 2 from infantile bronchitis, 2 from infantile pneumonia (under one year), 3 from cancer, 1 blood poisoning, 1 paralysis, 1 old age.

2. In the balance-sheet there is a deficit of £15 19s. 9d. in the year; the deficit on the previous year was £24 0s. 7d.; and considering that there was in that year a balance of £29 to begin with, and a donation of £20, the deficit in the year 1882 indicates very considerable progress.

There is also a large increase in the number of subscribers—viz., 60 instead of 37, realising £81 5s. instead of £42 18s.

Furthermore, public collections for the year amount to £8 17s. 10d., instead of £3 14s. 4d.; so that the prospects for the future are very good.

P.S.—Subscriptions or donations will be thankfully received by the treasurer, or Dr. Flint, or Dr. Middleton, or Mr. Foster.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

### BOOKS AND JOURNALS RECEIVED.

Bulletin de la Société Médicale Homœopathique de France. Tomo XXIV., No. 9.

Revue Homœopathique Belge, No. 11.

The American Homœopath, March, 1883.

Allgemeine Homœopathische Zeitung, Bd. 106, Nos. 11 and 12.

St. Louis Clinical Review, No. 2.

Dublin Journal of Medical Science, March, 1883.

Revista Homeopatica Catalana, Tomo 1, No. 5.

The Medical Advance, Feb., 1883.

Hastings and St. Leonards Observer, Feb. 24, 1883.

The Homœopathic Physician, March, 1883.

The Therapeutic Gazette, March, 1883.

New England Medical Gazette, March, 1883.

Dietetic Reformer.

The Guide, April, 1883.

British Journal of Homœopathy, April, 1883.

El Criterio Médico. Tomo XXIV., Núms. 3 y 4.

Homœopathic Physician, April, 1883.

The Indian Homœopathic Review, January, 1883.

Annual Report of the Devon and Cornwall Homœopathic Dispensary, 1883.

The New England Medical Gazette, April, 1883.

American Observer.

The Message of Physic Science to Mothers and Nurses, by Mary Boole. London: Trübner and Co., Ludgate Hill. 1883.

The National Reformer, March 25.

The Messenger of Peace, March.

Keene and Ashwell's Quarterly Circular, April, 1883.

Chemist and Druggist.

Medical Advance, March, 1883.

New York Medical Times, April, 1883.

The Monthly Homœopathic Review, April 2, 1883.

Bulletin de la Société Médi-

cale Homœopathique de France, No. 10.

The Calcutta Journal of Medicine.

#### CORRESPONDENTS.

Communications received from Dr. Midgley Cash, Torquay; Dr. John Wilde, Weston-super-Mare; Dr. Usher, Wandsworth; Knox Shaw, Esq., M.R.C.S., St. Leonards; Dr. Donald Baynes, London; Dr. Berridge, London; Dr. Claude, Paris; Dr. R. R. Gregg, Buffalo, N.Y.; Dr. Skinner, London; Dr. Thomas, Llanudno; Ed. Thomas, Esq., Chester; Dr. Bradshaw, Bournemouth; Dr. Pope, Tunbridge Wells.

#### The Homœopathic World.

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The Alleged Lead-Poisoning Case at Keighley

Healing through Faith.

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Thuja in Verrucae.

Natrum Muriaticum in Pertussis.

##### LITERATURE:—

Suprapubic Lithotomy.

A Handbook of Homœopathic Practice.

##### CORRESPONDENCE:—

Dr. Shuldham on Ipecacuanha and its Action on the Eye.

Dr. Wanstall on Ipecacuanha as an Eye Medicine.

Dr. Gregg's Reply to Dr. Thomas.

Mr. Heath on Chamomilla.

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London School of Homœopathy.

London Homœopathic Hospital.

Oxford Homœopathic Medical Dispensary.

##### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.



# THE HOMŒOPATHIC WORLD.

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JUNE 1, 1883.

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## SHALL WE BE COMPULSORILY VACCINATED ?

WITH regard to the great question of vaccination the *Homœopathic World* has given both vaccinationists and anti-vaccinationists fair play, the editor himself believing in the relatively protective value of vaccination, yet not feeling it right to *compel* any one to vaccinate, or to be vaccinated, because of its many drawbacks ; and because if it really protect it must be obvious that those who are themselves vaccinated are safe, and have therefore no right to force their neighbours to do as they do. The argument that compulsory vaccination is for the good of the vaccinated will not hold, for this is a matter of opinion. For instance, about *seven thousand* medical men in the world hold that Homœopathy is by far the best system of curing disease by drugs known to the world ; this they have statistically proved over and over again. We refer to our leader of but a short time since under the heading "It is coming." But how would our allopathic friends like to have Homœopathy made compulsory ? They do their best to render Allopathy compulsory, but several millions of the most intelligent of the most civilised peoples, who do their thinking at home, decline the boon of compulsory Allopathy. "I don't want my bones to be buried in consecrated ground," said an ardent dissenter in our hearing the other day. Quoth an equally ardent churchman, "Bury your bones where you like, sir, I make no complaint, but leave me the same liberty ; I prefer that my bones be buried in consecrated ground." So we say, Vaccinate yourselves or not, and re-vaccinate yourselves or not, as often and as much as you like, but leave us the same liberty.

We have received a printed copy of Dr. Carpenter's letter to the Right Hon. Lyon Playfair with reference to this compulsory vaccination business, and this shall now follow as a separate article.

## SMALL-POX AND VACCINATION.

*A Letter to the Right Hon. Lyon Playfair, C.B., M.P., F.R.S., etc., etc., with reference to Mr. Hopwood's motion for the Repeal of the Compulsory Clauses of the Vaccination Acts.*

BY WILLIAM B. CARPENTER, C.B., M.D., F.R.S., etc., etc., Corresponding Member of the Institute of France.

DEAR DR. PLAYFAIR,—Before the House of Commons is moved to repeal the compulsory clauses of the Vaccination Acts, I desire to call your attention, and that of other members of the Legislature, to what appear to me the very cogent reasons against this measure, drawn from facts which cannot be contested.

I take as my basis Mr. P. A. Taylor's own table<sup>1</sup> of the mean annual death-rate from small-pox per 1,000 000 living in England and Wales, from 1848 to 1879; substituting for the rate 344 given by him as that of the last period (which is really that for *measles*) the true *small-pox* death-rate now admitted by him to be no more than 82.<sup>2</sup> With this I combine a similar table for Scotland, commencing with the date at which the Registration-system was introduced; and across each column I have drawn a line, showing when vaccination was made compulsory:—

England and Wales.		Scotland.	
1838—42	571		
1843—46	No returns.		
1847—49	303		
1850—54	279		
1855—59	199	1855—59	293
1860—64	190	1860—64	392
1865—69	147	1865—69	47
1870—74	433	1870—74	375
1875—79	82	1875—79	10

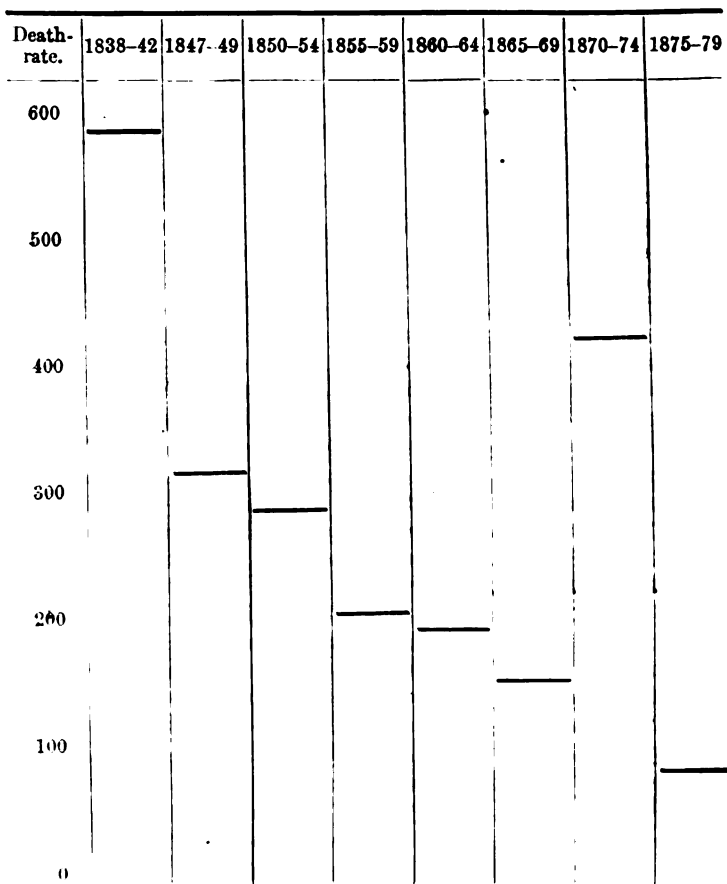
Now, although, by Mr. Taylor's own showing, the small-pox death-rate had progressively come down in England and Wales from 571 in 1838-42 to 147 (or scarcely more than *one-fourth*) in 1865-69, he sees no evidence that vaccination had anything to do with this decline. Such evidence is furnished, however, by the *marked irregularity in the rate of that reduction*; by far the greatest fall occurring in the periods which followed the two principal legislative measures for the promotion of vaccination.

Previously to 1840, the vaccination of the great bulk of

<sup>1</sup> *Nineteenth Century* for May, 1882, p. 794.

<sup>2</sup> See my letter in the *Echo* of May 31, 1882, and his reply thereto in the *Echo* of June 2.

the population depended upon the gratuitous action of the medical profession; and in many country localities it was altogether neglected. The consequence of this was, that severe epidemics of small-pox were not unfrequent; but as there was no general system of registration until 1838, the



actual mortality could not be determined. It was in 1840 that provision was first made for vaccination out of the public purse; and it is only by separating the years of Mr. Taylor's first quinquennial period, that the *immediate* effect of that measure is made apparent.

Year.	Small-pox Death-rate.	Averages.
1838 .....	1,064	
1839 .....	589	
1840 .....	663	
	—	772
	Public Vaccination.	
1841 .....	400	
1842 .....	168	
	—	284

Admitting the death-rate of 1838 to have been exceptionally high, I do not think it fair to take the short three years' average, 772, as representing the small-pox death-rate previously to the introduction of public vaccination; but accept Mr. P. A. Taylor's own average, 571, of the entire quinquennial period. So, again, as the death-rate of 1842 was exceptionally low, I do not claim the whole of the sudden reduction of the two years' average to 284 as the result of that measure. But it is clear that it *was* followed by a sudden and marked reduction, and that this reduction was *continuously* maintained; the death-rate being *little more than one-half* in the period 1847-49, and *less than one-half* in the next quinquennium.—It was in 1854 that vaccination was made *compulsory* in England and Wales; and another *sudden* reduction took place in the next quinquennial period, followed by a further *continuous* reduction in the two succeeding periods, bringing the death-rate down in the years 1865-69 to *little more than one-fourth* of what it had been in 1838-42.

These facts are made conspicuous by the graphic arrangement on the previous page.

Now that this second reduction in the English death-rate was not due either to any mitigation in the type of the disease, or to a general improvement in the health of the population, is shown by the fact that the small-pox death-rate in Scotland, where vaccination was *not* then compulsory was *fifty* per cent. higher than that of England for the years 1855-59, and more than *a hundred* per cent. for the years 1860-64. Compulsory vaccination being then introduced into Scotland, and being accepted by its population generally without resistance, the Scotch mortality immediately underwent a most extraordinary diminution; the mean for the ensuing five years falling from 392 to 47, a reduction of no less than *eighty-eight* per cent.

So far, then, everything tells in favour of the effect of vaccination in preventing small-pox; since it can scarcely be contended that *three* such successive reductions in the death-

rate, following directly upon *three* legislative measures, and not only maintaining themselves, but steadily increasing, can be fortuitous.

But, it is affirmed, the whole case for vaccination breaks down under the severe epidemic visitation of small-pox which commenced in 1871, carrying up the mean death-rate for the quinquennium 1870-74 to 433 in England and 375 in Scotland.

It is impossible for Mr. Taylor to controvert the fact that this epidemic originated in the importation,<sup>1</sup> at the end of 1870, of a type of small-pox which had not prevailed in this country during the present century, but was often mentioned in the medical history of the preceding 200 years as the "malignant;" bearing the same relation in severity to the "confluent" that the confluent bears to the "mild" or "discrete." *Not five per cent. of those attacked by it recover*; and death usually takes place within four or five days—often before any eruption appears. It is the frequent occurrence of this form among the *unvaccinated* since 1870 which has raised the total proportion of deaths in that class in the small-pox hospitals of London to *forty-five* per cent. of the cases; a proportion which (having been never even approached in any modern small-pox epidemic) Mr. Taylor and his supporters have treated as "incredible," but which the returns published by the Metropolitan Asylums Board unequivocally prove; while even higher rates have been shown in North America, as, for instance, above 50 per cent. in Boston, 54 per cent. in Montreal, and above 64 per cent. (*nearly two-thirds* of the *unvaccinated* cases) in Philadelphia (see pp. 249, 250).

It is urged, however, by Mr. P. A. Taylor that if this epidemic is really of a more malignant character than has been known since the introduction of vaccination, this only shows the fallacy of the expectation expressed by Jenner and his followers as to the *mitigation* of small-pox, if not its entire extinction. But no one has ever (that I know of) anticipated any such effect upon the *unvaccinated*; just as well might it be expected that Pasteur's "vaccination" of one flock of sheep would protect from the deadly *charbon* another flock turned into a poisoned pasture. That the vaccinated *have* thus been almost entirely exempt from the

<sup>1</sup> It seems now clear that this "malignant" type of small-pox had made its appearance in Brittany in 1867, and gradually found its way to Paris in the two succeeding years.

"malignant" type of small-pox is shown by the fact that the proportion of deaths to cases among them in this epidemic has been but little above the average.

I shall not go again over the proof of this which I formerly gave,<sup>1</sup> but shall support my case for the protective influence of vaccination by the figures given by the Registrar-General<sup>2</sup> in regard to the renewed outbreak of small-pox in the metropolis in 1881. Of the 2,375 recorded deaths, 962 occurred among the certified *unvaccinated*, and 524 among the certified *vaccinated*, 885 being reported as "doubtful." It is quite obvious that even if the unvaccinated residuum be admitted to constitute 15 per cent. of the metropolitan population, the advantage is enormously on the side of the vaccinated; for (putting aside the "doubtful" cases) if the vaccinated portion of the population of London had died at the same rate as the unvaccinated, *their* mortality would have been 5,451, or *more than ten times as great* as it actually was.

This comparative exemption of the vaccinated is attributed by Mr. Taylor and his party to the different sanitary conditions of the two populations; but what evidence is there of this? Doubtless some of the large areas which were almost entirely unvisited by this peculiarly localised epidemic contained a population on the whole more favourably circumstanced in this respect than that of the north-east and south districts, in which 68 per cent. of the total small-pox mortality occurred.<sup>3</sup> But what about the nearly two million vaccinated subjects inhabiting the latter, who, according to Mr. Taylor, had no protection whatever, and were exposed, equally with the unvaccinated, to the infection?

There is a more cogent way, however, of testing Mr. Taylor's doctrine. If vaccination affords no protection, the *ages* at which the vaccinated and the unvaccinated respectively die should correspond; but the *exact reverse* of this is shown to be the fact by the Registrar-General's latest figures, as by all previous comparisons. Of the 962 deaths among the unvaccinated, *three-fourths* (speaking roughly) occurred *under* the age of twenty, the disease showing the same fatality among the young at present that it used to do in pre-vaccination times; but of the 524 deaths among the vaccinated, *three-fourths* occurred *above* the age of twenty—that

<sup>1</sup> *Nineteenth Century* for April, 1882.

<sup>2</sup> *Annual Summary* for 1881, p. vi.

<sup>3</sup> Registrar-General's *Annual Summary* for 1881, p. vii.

is to say, among *adults*, who had outgrown their original protection, and had not (so far as was ascertained) renewed it by *re-vaccination*. The proportion of children under five years old, vaccinated however indifferently, that died in the epidemic of 1881, was quite insignificant, being only 5·2 per cent. of the 524 deaths among the vaccinated, whilst the proportion of deaths among *unvaccinated* children under five years of age was 38·2 per cent. of the 962 deaths in that class. (*Op. cit.*, p. vi.)

To the evidence of the protection afforded by *re-vaccination* which I have given elsewhere,<sup>1</sup> I now add the following, the cogency of which can scarcely be over-estimated:—

In Germany, vaccination is compulsory in children under a year old, and every man on his entrance into the army is revaccinated. In France, on the other hand, vaccination is not compulsory, and revaccination is not enforced on army recruits. During the Franco-German War of 1870-71, the total number of deaths from small-pox in the German Army was 263, while in the French army it was 23,469, or very nearly *ninety* times as great. Of the 263 small-pox deaths among the half-million or more of men brought into the field on the German side, it may be safely said that as many would have suffered in this epidemic if they had been all “protected” by a previous attack of small-pox, and no one now claims for vaccination a *greater* power than this. What reason is there to doubt that the adoption of compulsory *re-vaccination* in the French army would have saved a large proportion of the 23,469 who died of small-pox, as well as an enormous amount of sickness?

The testimony as to the protective power exerted by *re-vaccination* upon nurses and hospital attendants during the recent severe epidemics in the United States and Canada, is fully confirmatory of that of our own Small-pox Hospital superintendents.

The control which vaccination has exerted, and is exerting, over the ravages of this deadly pest, is further shown by the fact that even during the worst period of its epidemic spread, the mean rate of small-pox mortality was only a little more than three-fourths that of the period 1838-42, the later being 433, and the earlier 571; whilst upon its general subsidence, the death-rate of England and Wales fell during the next quinquennium to 82,—a *figure far lower than it had ever previously approached*. The reduction was still more remark-

<sup>1</sup> *Nineteenth Century* for April, 1882.

able in Scotland; for the small-pox death-rate of the epidemic years (which was somewhat *lower* than that of the years 1860-4 immediately preceding the introduction of compulsory vaccination) dropped suddenly from 375 to 10, and has for the last five years averaged only 4 per million.<sup>1</sup>

Now it is very easy to treat this extraordinary fall as an effect of the previous epidemic prevalence of small-pox, which gave it to the great bulk of the subjects susceptible of the disease. But this theory fails in two particulars. In the first place, it is totally unsanctioned by experience, the amount of reduction being altogether unprecedented, as Mr. Taylor's own Table shows; and, in the second place, it does not accord with the fact that, though the disease is still present among us in undiminished malignity (as is proved by the occurrence of local outbreaks in the metropolis and elsewhere through the whole series of years since 1874), it attacked scarcely any of the *four millions* of infants born and vaccinated in England and Wales during the years 1875-9, or of the 800,000 born and vaccinated in Scotland during the same period. And this condition of things has continued, as regards the Provinces and Scotland, to the present time; the only considerable exception to it being furnished by the outbreak of 1881 in London and the surrounding counties. But this outbreak, as already shown, was almost exclusively confined (1) to the known unvaccinated, (2) to those (ranked "doubtful") whose arms showed no sign of vaccination, and (3) to vaccinated adults who had not renewed the protection they had outlived.

I feel fully justified, therefore, in reaffirming the protective power of vaccination, as eminently shown in the control it has here exerted over this most deadly epidemic; more especially since legislative provision was made, by the compulsory appointment of vaccination officers, for the more thorough enforcement, in the country generally, of the law which it is now proposed to repeal. Of that enforcement, the localities in which it has been resisted are receiving the benefit; just as unvaccinated families who are living in parts of London not visited by small-pox, are enjoying the practical immunity conferred by the "protection" of the great bulk of their inhabitants.

<sup>1</sup> In drawing attention to the fact that the *total number of small-pox deaths* in all Scotland in 1878 was only *four*, the Registrar-General for that kingdom remarks—"This is a most satisfactory circumstance, for which we have no doubt, in a great measure, to thank our excellent Vaccination Act, and the common sense of our people, which does not dispose them to receive without qualification the statements of the anti-vaccinators."



Of what would be the consequence of the abolition of compulsory vaccination among ourselves, we may judge from the recent experience of the United States, where the system had never been adopted either by the Federal or the State Governments. The malignant type of small-pox poison carried across the Atlantic in 1871, was extensively diffused over the American continent in succeeding years, causing severe epidemics in most of its great cities. During a visit which I paid in the latter half of last year to the United States and Canada, I made a special point of gaining all the information I could from the most authentic sources in regard to this epidemic; and I everywhere received the same testimony to its extreme severity among the unvaccinated population. Owing to the former absence of any public provision for vaccination in the United States, the proportion of unvaccinated was there much greater than in this country; and no inconsiderable number of persons among the upper classes were destitute of its protection. The disease prevailed epidemically in Boston (N.E.) in 1873; and the number of deaths out of a population of 265,000 was 1,045 in thirteen months, or at the rate of 965 for twelve months. This was a far heavier mortality in proportion to the population, than even that of London in 1871; for the metropolitan population being then 12·3 times that of Boston, its *pro-rata* mortality would have been 11,869, or almost exactly *fifty per cent.* more than the *actual* mortality of London in that year, which was 7,912. Now, it cannot be said that the general sanitary condition of Boston is worse than that of London; but we are expressly told that "the disease in its most malignant and contagious form *was present in every part of the city.*"<sup>1</sup> The total number of cases was 3,187, and the number of deaths 1,045, being thus at the high rate of nearly *one-third* of the whole number attacked; mainly owing to the terrible proportion of deaths to cases—considerably over 50 per cent.—among the unvaccinated.

In Philadelphia (in which city the labouring population is remarkably well housed, "tenement-dwelling" being almost unknown), the number of cases of small-pox in the twelve months' epidemic of 1871-2 was 2,337; nearly equalling the total number of cases (2,517) of this disease during the previous thirty years.<sup>2</sup> The total of deaths from small-pox during the previous thirty years had been only

<sup>1</sup> *North American Review*, April, 1882, p. 370.

<sup>2</sup> I take these figures from the Report of the Board of Health of the City of Philadelphia for the year 1872.

429, or at the rate of 17 to 100 cases; but in the epidemic of 1871-2 the total number of deaths was 743, raising the death-rate of those attacked to 32·15, or nearly double the previous average. That this excess was mainly due to the large proportion of deaths among the *unvaccinated* (of whom a considerable proportion were negroes), is shown by the fact that, putting aside the 51 cases in which there was no evidence in regard to previous vaccination, the numbers and percentages of deaths among the two classes were as follows:—

	Admissions.	Deaths.	Per Cent.
Vaccinated.....	1,629	276	16·94
Unvaccinated .....	697	449	64·41

Thus while the proportion of deaths to cases among those who had been *vaccinated*, whether well or indifferently, scarcely exceeded *one-sixth*, the proportion among the *unvaccinated* was *nearly two-thirds*, or *almost four times as great*.—Surely, in the face of such evidence, Mr. P. A. Taylor and his supporters will no longer contend that there is nothing peculiar about this epidemic, or continue to treat as “incredible” the statistics of our own Metropolitan Small-pox Hospitals, which showed a percentage of deaths among the unvaccinated amounting to nearly 45 per cent.

I further learned that this epidemic had been particularly fatal among the coloured population of some of the Southern States, where vaccination, formerly enforced by most of the planters on their slaves (for the protection of their “property”), had been of late very much neglected. I was personally assured by a medical officer, who had been sent by the United States Government to take charge of a small-pox hospital in the South, that the negroes smitten with this malignant “black-pox” often fell down by the road-side; and that such was the prevalent terror at this deadly plague, that these poor wretches were left untended by their own people, whilst he himself could with difficulty induce his hospital attendants to bring them in, so certain was their speedy death!

In Canada, the severity of the epidemic in different localities bore a most direct relation to the proportion of *unvaccinated*. Quebec, where vaccination had been all but

universal, was passed over very lightly, notwithstanding the continual fresh importation of the poison. Among the immigrants, the mitigative efficacy of previous vaccination was very marked. Thus of 131 cases admitted into hospital between May, 1874, and June, 1875, the superintendent reported that among 54 returned as vaccinated, only one died; while of 69 unvaccinated 37 died, and of the 32 who recovered most were disfigured. In Toronto and Three Rivers, where vaccination had been general, there was scarcely any small-pox. But in Montreal, where the French Catholic population had, as a class, been prejudiced against vaccination by a medical man of their own nationality and religion, the epidemic broke out with great severity. The municipal authorities endeavoured to check it by compulsory vaccination; but this was resisted even to the extent of public rioting. Having heard of this at the time from my brother, the late Dr. P. P. Carpenter, who spent the last twelve years of his life in Montreal, I made a point of inquiring, during my stay there in August last, as to what had been the subsequent course of affairs. I learned, on the very best authority, that the objections of the French Catholics had been completely overcome;—partly by the public exposure made by the medical profession of the flagrant mis-statements by which they had been misled,—partly by the very decided testimony in favour of the protective influence of vaccination, given by the Catholic Sisters who took charge of the nursing in one of the small-pox hospitals,—and partly by their recognition of the fact, that the Irish Catholic population of their own class, living under the same conditions with themselves, but *for the most part vaccinated*, almost entirely escaped. Vaccination being now as well carried out in Montreal by its officers of health, as in the other great cities of the Dominion, small-pox has become almost entirely extinct.

So sensible are the highly intelligent people of the United States of the value of vaccination, that although they do not consider direct compulsion a proper subject for Federal or even for State legislation, yet they are now generally adopting a method of indirect compulsion, which has long been in use in many continental countries—namely, the vaccination of the whole existing school-population by public vaccinators, and the refusal to admit any child into the public schools without a vaccination certificate. Of an ad-

mirable result of the adoption of this system—showing itself in the remarkable immunity of the whole school-population of San Francisco from a recent outbreak of small-pox which originated in the Chinese quarter, and rapidly spread among the adult population through even the best parts of the town—I last year gave an account,<sup>1</sup> drawn from the report of its officers of health.

I shall now cite another case from a circular addressed on the 20th September, 1882, by the Secretary of the Board of Health for the State of Illinois, to County Superintendents, School Boards, and teachers, with reference to the "School Vaccination Order" of the State Board of Health, promulgated in December, 1881. At the date of this order *more than two-thirds* of the school-population of Illinois proved to have been unvaccinated; but subsequently to January 1, 1882, no fewer than 1,300,000 vaccinations had been performed, making, with those of the previous nine months, a total of *two millions*. "Until these measures were fairly under way, there was a steady increase of small-pox in the State; but coincidently with their successful operation came the decline of the disease, until now it is practically at an end in Illinois,"—but for a few small local outbreaks *among unprotected persons*, which showed that the poison had not lost its virulence:—

"In Munroe county an outbreak was caused by an infected mattress thrown into the Mississippi River, which lodged in Staten Island. Some unvaccinated persons came in contact with the mattress, and a number of cases ensued. Thence it was carried into Randolph county, where it found a number of other unvaccinated individuals near Prairie du Rocher, and caused an outbreak among them, with 3 deaths at date of last report. In Alexandra county, some 19 cases and 4 deaths have resulted from infection brought from the river; all these were among unvaccinated persons."

With this may be contrasted the following results of the enforcement of the Vaccination Order upon the school-population of the State, "demonstrative," as the Secretary justly remarks, "of its wisdom and utility:"—

"*First.* Among the thousands of cases of small-pox which have occurred in the State since the order was issued, *not one* is reported of a public scholar who had been properly or recently vaccinated. Several cases, however, with a large proportion of deaths, have occurred among scholars who either had not been vaccinated at all, or not since infancy.

"*Second.* In no instance where the order was thoroughly enforced has it been necessary to close the public schools, even when small-pox existed in a community. On the other hand, *schools have been broken up and studies interrupted* in a number of instances, where—as shown by the returns in this office—the order had been neglected."

<sup>1</sup> *Nineteenth Century* for April, 1882, p. 544.

With reference to the statements sometimes met with, of serious results from vaccination, the Secretary adds that :—

“Having made it his personal duty to investigate every report of the kind which has come to his knowledge, the net result has been that *not one such report has been substantiated*. He has been wholly unable to find any evidence of a death caused by vaccination in this State, or even of permanent injury or serious illness, due to the operation alone.”

I have received from several other quarters the same testimony to the absence of injurious results, in an aggregate of recent vaccinations now amounting to *many millions*, that have been made under public authority in the United States, with the pure heifer-lymph obtained from the establishment of Dr. Martin, of Roxbury, Massachusetts; and having myself visited it, I can testify to the conscientious care with which the purest lymph is there supplied. There have, on the other hand, been some most severe—even fatal—cases of purulent infection, which were traced to the employment (from motives of economy) of vaccine matter supplied from another source, which proved, on microscopic examination, to be charged with pus-corpuscles. The moral of this is obvious.

I now commend these recent experiences to the attentive consideration of those with whom rests the grave responsibility of deciding whether, under the guidance of Mr. P. A. Taylor, and in opposition to the general voice of the medical profession, they will *undo* a system under which the death-rate from small-pox is shown by Mr. Taylor's own Table—still more by the corresponding Table for Scotland—to have undergone such an enormous reduction; and which has restrained within narrow limits an epidemic whose virulence among the unprotected populations of Borneo, the Gold Coast, and Madagascar (as attested by recent Consular reports) shows it to be no less deadly than that which ravaged most of the countries of Europe in 1614 even more destructively than the plague.

Although Mr. P. A. Taylor treated my former assertion of this virulence as *invented* on the part of the advocates of vaccination, in order to cover its failure, I trust that the intelligence of your House will see that it is fully borne out by the additional facts I have now adduced from authoritative sources.

I remain, dear Dr. Playfair,

Yours faithfully,

WILLIAM B. CARPENTER.

London, April 23, 1883.

## CASE OF SCROFULOUS ULCER OF CORNEA.

By THOMAS SKINNER, M.D., London.

ALTHOUGH I now decline to see or be consulted by patients of the male sex, now and again one of the fairer sex will get the better of me, and, *volens volens*, I must see some favourite of theirs—generally an interesting curate.

26th January, 1883.—A very handsome and intelligent youth, a curate, called at the request of Mrs. So-and-so. He informed me that he had been under the care of —, one of the first ophthalmic surgeons in the metropolis, and he is deservedly so in my own estimation. He had been under his kind care for the last three months, and although he felt better than at first of the inflammation, he was now either at a standstill, or getting better and worse alternately; and he could not use his right eye in any way, which was very awkward and annoying to him in his vocation, where he had so much reading to do, and out in all weathers. He wore opaque glasses and a sunshade over both eyes.

On examination, there was no possibility of mistaking the exact nature of the impaired vision and physical suffering. There was a distinct scrofulous ulcer in the very middle of the cornea of the *right* eye. He had had it more or less for three months, and about four years ago he had a similar attack, showing the constitutional character of the ophthalmia. The ulcer, in my opinion, was of the *perforating* kind, described by Wharton Jones as follows: "There is a circumscribed and rather deep ulcer of the cornea met with in this disease (scrofulous corneitis). It is circular, with smooth, round edges, quite clear to its bottom, unaccompanied by any extension of vessels into it, and the cornea around is scarcely, if at all, nebulous. *The cornea looks simply as if a small piece had been scooped out of it.*" My patient described his sensations as follows: I have all along had an uneasy sensation as of sand in my *right* eye, aggravated by closing the upper eyelid, and there is great intolerance of both natural and artificial light. If I attempt to read with my *right* eye, the letters appear hazy and blurred, and very soon I have to desist and close my eyes. The vision of my left eye, and the sensations there experienced, are perfectly natural.

*Treatment.*—So far as the *simillimum* is concerned, I had no difficulty in diagnosing it "at a glance!" but considering the frequent applications of *Argentum nitricum* made during

the past three months, with counter-irritation, and the large quantities of citrate of iron and quinine ingested, besides alterative and aperient pills partaken of, I was not a little puzzled whether to give the *simillimum* to the disease, or to antidote the previous irrelevant medication first. As *Silicea* was undoubtedly the *simillimum* I gave him there and then a single dose of the 50 M. (F.C.) dry on his tongue. I requested him to return in a week, whether better, worse, or standing still, and I strongly advised him that, as soon as the unpleasant sensations in his right eye disappeared and the vision improved, he was to remove his coloured glasses and sunshades.

My patient did not return at the appointed time, and he has never returned. About three weeks afterwards my lady patient, his friend, called about herself and daughter, and she asked me if Mr. So-and-so had called "to return thanks," for that I had cured him. I replied that he was not a true Samaritan! A few days after this interview with "Mrs. So-and-so" I received the following note from this busy and interesting young curate: "Dear Dr. Skinner,—I am writing to thank you for your kindness in seeing me, and to tell you that two days after seeing you my eye ceased to be troublesome, and that now I am quite well."

"Mrs. So-and-so" found out that I had cured him by observing the absence of the spectacles and sunshades one day when she met him in the street. She charged him for leaving them off, when he told her that he had done so by my direction.

In conclusion, why select *Silicea*?

1. *Silicea* corresponds better than any other medicine to the *right eye* (*Sulphur* to the *left*).

2. It corresponds well to the scrofulous diathesis and psora.

3. There is no medicine which has greater control over the suppurative and *ulcerative* terminations of ordinary and specific inflammation than *Silicea*.

Hence its magic effects in the present instance.

Lastly, when "Mrs. and So-and-so" and her *protégé* met, the latter said he did not know what to think or believe—"Whether it was Dr. Skinner's powder or what it was, I know not. All that I do know is, that 'I was blind, now I see.'"  
If it puzzles this patient to understand how a single powder could remove a perforating ulcer of the cornea of three months' standing, and enable him in two days to do away

with his sunshades and all artificial props and cauterisations, etc., how much more astonished would he be if he could realise what amount of attenuation of *Silicea* there was in that single dose—the 50 M or 50,000th centesimal attenuation. If the 30th (F.C.) corresponds to the *decillionth* of grain, minim, or drop—and it does!—what does the 50,000th correspond to? Here is “a sum in the rule of three” not often met with or requiring solution. Is this a cure or a happy “coincidence”?

17th May, 1883.—The gentleman has remained “quite well” up to this date.

## ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF EUPHRASIA.<sup>1</sup>

By ALFRED C. POPE, M.D.

THE *Euphrasia officinalis*, or “Eyebright,” a well-known annual of the natural order *Scrophulariaceæ*, is found abundantly in the fields of this and other European countries, and also in Asia and in the Northern States of America. Flowering during the summer and autumn, our Pharmacopœia directs that the entire plant, collected in July, should be used in the preparation of the tincture which is employed in medicine. An infusion, also made from the entire plant, is a desirable form for a collyrium, which, as I shall have occasion to point out, may at times be advantageously prescribed.

The history of *Euphrasia* as a medicinal agent dates back several centuries. Prior to Hahnemann’s time it had fallen into disuse, a fate which, as he most truly says, was unmerited. He, together with some two or three of his pupils, made a series of experiments with it on themselves, and the observations regarding it made by previous medical writers were also utilised by him; while more recently the Austrian Provers’ Society made a few experiments with it. These observations you will find collected and set forth “in the usual schema” in Allen’s *Encyclopædia of Materia Medica*.

The effect of *Euphrasia* is to produce a condition resembling that of a catarrh expressed most strongly in those of the tissues of the eyeballs, somewhat less prominently in the nasal passages, and comparatively slightly in the mucous

<sup>1</sup> From a Lecture delivered at the London School of Homœopathy during the Session 1882-3.



membrane of the larynx, trachea, and bronchi. Beyond these parts its disturbing influence is so slightly and feebly marked as to be of but little service for therapeutic purposes.

The general symptoms of catarrh are reflected in the weariness and chill, the confusion and heat of head, which are frequently noted in the provings. Such as are local are chiefly marked in the eyes, the brunt of the drug's influence falling on the conjunctiva, cornea, and lachrymal sac. The conjunctival vessels become distended; the mucous secretion, at first diminished, is presently considerably increased; the eyes feel at first dry, then hot, and afterwards profuse lachrymation sets in, with which there is also a great sense of pressure. This increased lachrymal secretion is very acrid in quality; those who have experienced it describe it as "biting," and as "burning and biting." The eyelids itch, are hot, swollen, and red at their margins. The eyeball gives a sensation as if covered with mucus. Vision is obscured and weakened; objects seem to be covered with a veil, or to be enveloped in a mist. The power of sight is not only enfeebled, but the effort to see becomes painful, and is attended by a constant blinking, a kind of twitching in the eyelids.

These symptoms, which are repeated over and over again in different provings, are clear evidence of the power of *Euphrasia* to excite inflammatory action in the conjunctiva, and to have through it a more or less disturbing influence over the health of the other tissues of the underlying organ. Hence, when, as in acute catarrhal conjunctivitis, the mucous surface of the eyeball is reddened and swollen, when the tarsal cartilages are inflamed, when lachrymation is profuse, when exposure to light has a painful influence and the patient is scarcely able to keep his eyes open, as it is termed, in such cases as these *Euphrasia* is a medicine of considerable power.

The conjunctivitis so often met with in measles is a good illustration of the form of ophthalmia in which *Euphrasia* is useful. It is so whether prescribed internally in the first or second decimal dilution, or used externally as a collyrium in the form of infusion. I have seen so much advantage arise from this practice, that I rarely if ever allow irritation of the eyeball or eyelids to make any headway in measles without ordering an infusion of *Euphrasia* to be applied.

The intensity of the conjunctivitis arising from *Euphrasia*

is so great as to lead us to infer that it is capable of being productive of yet deeper-seated mischief still. "It might be inferred from our knowledge of ophthalmic disease," writes Dr. Dunham, "that when the globe of the eye is kept bathed in muco-purulent secretion with acrid tears, as is the case under the action of *Euphrasia*, that softening and ulceration of the cornea would take place. We see this in cases of purulent ophthalmia, especially of a specific character, and we see it in cases when the condition of the eye is provoked, promoted, or fostered by the constant and injudicious application of hot fomentations and poultices to the eye. From these facts," he adds, "it is a legitimate function of pathology which leads us to infer that the proving of *Euphrasia* would, if pushed further, develop ulcers on the cornea." ("Lectures on Materia Medica," p. 100.)

In determining whether, in a given instance of keratitis, we should or should not prescribe *Euphrasia*, the history of the case will afford us important assistance. It is when the corneal inflammation is secondary to intense conjunctivitis that it is so useful. When, on the other hand, it is clearly of the syphilitic variety, or when there is simply a small central ulcer, without any surrounding evidence of inflammation, corrosive sublimate will probably be the most appropriate medicine.

Again, where leucoma has resulted from an ulceration originating in and co-existing with some remaining conjunctivitis, *Euphrasia* is often useful. Of this fact the following suggestive illustration was published by Dr. Arthur Kennedy, of Blackheath, in the *Homœopathic Review* for January, 1881, p. 42. The patient was a chief clerk in the Civil Service, æt. 45. He had been suffering for some months from an opacity of the left cornea, the result of an acute catarrhal inflammation. He complained that it interfered with his sight when looking at objects below the level of his eyes. On examination a decided opacity was apparent on the lower part of the cornea, encroaching slightly on the inferior margin of the pupil, and of an ill-defined shape. At the same time considerable photophobia was complained of, slight conjunctivitis was present, and lachrymation occurred on exposure to the air. He had been an out-patient at Moorfields Ophthalmic Hospital, where the treatment consisted in dropping some irritant solution into the eye, the pain of which he described as "simply infernal," while there was a complete absence of any corresponding ad-

vantage. *Calcareo Carbonica* 12 three times daily, bathing the eye with tepid milk and water, excluding light and air from it by a pad and bandage, were the measures first prescribed. At the end of ten days, during which he had been absent from all office work and living much in the open air, the conjunctivitis was better, but the corneal opacity rather larger. Tincture of *Euphrasia* 1x, two drops twice a day, was now ordered.

A week later and the area of the opacity was diminished and its density less. As he was going from home he was directed to continue the medicine for two or three weeks. Dr. Kennedy saw no more of his patient for two months, when, happening to meet him, he said that after taking the medicine for a fortnight, during which the opacity steadily decreased and ultimately disappeared, he discontinued it. On examination no trace of the leucoma was perceptible.

In this case you will observe that the opacity originated in a catarrhal inflammation, and it is in opacities so commencing that you will find *Euphrasia* useful.

Dr. Dudgeon (*British Journal of Homœopathy*, vol. xx., p. 355) reports two cases of very severe rheumatic ophthalmia of some standing in which the administration of *Euphrasia* gave very rapid relief. In both a purely catarrhal condition seems to have been that with which the ultimate morbid state commenced.

As I have already observed, the catarrh of *Euphrasia* extends to the nose. Thus we notice among the symptoms recorded as having resulted from it—sneezing, with profuse fluid coryza, mucus being discharged both through the anterior and posterior nares; violent irritation, exciting sneezing during the whole day, returning every day while under the influence of the drug. While rarely used when catarrh is confined to the nasal passages—though the late Dr. Chapman writes of his success with it in such cases—it is an invaluable remedy when both eyes and nose are involved in it.

Catarrh-like symptoms are excited by it in the larynx and bronchi. The larynx feels irritated, the irritation exciting cough, the voice is somewhat hoarse, a good deal of mucus is hawked up, and respiration becomes short and difficult.

I have already referred to the use of *Euphrasia* as a collyrium in measles, its prescription being suggested by the condition of the eyes commonly present in this exanthematic fever, but it has been employed internally in some cases, and

that with apparent advantages. Dr. Drysdale, of Liverpool, in referring (*British Journal of Homœopathy*, vol. xi, p. 484) to some cases reported by Dr. Boyce, of Auburn, U.S.A., says that he had for some years been in the habit of employing *Euphrasia* in the first stage of measles, either alone or alternately with *Aconite*, according to the severity of the fever, with speedy good effect in the catarrhal symptoms of the eyes and nose.

The similarity between the ocular, nasal, and laryngeal symptoms of *Euphrasia* and those characteristic of measles is perfect, but there has been no irritation of the skin produced by it that can be at all compared with the rubeolous eruption. Still measles is a form of disease that cannot be cured, in the generally understood sense of that term; it must run a certain definite course, and all that therapeutics can accomplish is to keep its development outside the range of mischief to the patient, to prevent evil resulting from it to important organs; and, so far at any rate as the eyes, nose, and larynx are concerned, *Euphrasia* will enable you to effect so much at any rate.

Other symptoms said to have resulted from taking *Euphrasia* indicate a catarrh-like state being set up by it in the stomach and intestines, but they are not particularly well marked.

Pains in the wrists and fingers of a numb and cramp-like character are also attributed to it.

In the hips, thighs, legs, and ankle-joints stitch-like pains have been observed during its proving, but they are not significant of any defined morbid state, and I am not aware that they have been clinically tested.

It is as a medicine in ophthalmic changes originating in catarrh that it is homœopathically indicated. It is in such disorders that it has acquired its reputation as a remedy, and a very high and exceedingly well-deserved reputation it is.

Thus though its sphere of usefulness is limited, it is very well defined, and, what is of equal importance, it is in a very anxious and often painful class of diseases that it is valuable. Hence it is a remedy easy to study and important to remember.

It is generally prescribed in one or two-drop doses of one of the first three decimal dilutions, repeated with a frequency corresponding to the acuteness of the disease.

Tunbridge Wells, April 25, 1883.

## A CASE OF LONG STANDING HEADACHE CURED WITH A HIGH DILUTION OF QUININE.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London  
Homœopathic Hospital.

Mrs. E., a lady aged twenty-seven, of dark hair and nervous temperament, consulted me on the 1st of November of last year for headache, which she had had all her life; she had long since despaired of ever having it cured, and only sought advice at the urgent request of some friends who were earnest homœopaths.

The symptoms were given rather unwillingly, and all I could learn was that the headaches came on at uncertain times, but regularly upon the first day of the monthly illness, which latter lasts from eight to ten days.

The headaches generally begin in the back of the head, going after a time to the forehead, are sometimes worse on the left, at others on the right side of the head; the pain is an aching with a certain sick feeling, but without actual vomiting. She is hardly ever without a headache.

Bowels are regular, not subject to back-ache or bearing down; sleep good; appetite is very fair except when a headache is on, and then is unable to eat anything.

I prescribed for this lady, five grains, in powder, of *Chininum Sulphuricum*, 4th dec. trit., to be taken night and morning, and to have when the pain was violent, one drop of *Glonoin*, 1st cent., on sugar.

Four days afterwards I had a letter to say the medicine had done no good whatever, had had a headache every day, and the drops (*Glonoin*) had been discontinued, from the aggravation caused, after the first dose.

The letter wound up by saying, "I forgot to tell you I never could take quinine."

This last remark induced me to give the 30th, two globules of which were ordered in a wineglass of water, half of which was to be taken night and morning.

This was on the 5th of November, and on the 10th I had a letter to say there had not been a headache since the last prescription was begun with.

I heard nothing more of my patient till January, when some of her friends informed me that they had met her and her husband out at dinner; the former was loudly contending that it could not have been the little powders that had kept her headaches away all this time, while the latter seemed

equally certain that the medicine must have had something to say to it.

And considering that the patient was not placed upon any special diet and "ganged" her way as before, it is just possible, nay, as certain as anything can be in medicine, that the little powders had indeed something to do with it.

### THE IVY AS A MEDICINE.

It is a fairly common thing in domestic practice to hear of the use of ivy as a cure for corns. The leaves are applied as a poultice. We know of one very severe case thus cured by an old woman after we had tried in vain for many months with constitutional treatment. The other day the following passage occurred in a letter from a correspondent at Cheltenham:—"I know a farmer in Herefordshire who whenever he sees a white film formed on the eye of any of his animals chews some leaves of the small trailing ivy and injects it into the eye, and in a short time the film is removed."

### A WOMAN IN A STATE OF ADIPOCERE.

At the office of Leitch Bros.' steam printing works, in the city of Cincinnati, Ohio, are the remains of the mother-in-law of Mr. A. L. Leitch, one of the members of the firm, in a thoroughly petrified condition. The woman has been dead about twenty-five years. The body, according to the statement of a prominent physician, is in a state of adipocere. Mr. Leitch has been keeping it in his office since its arrival in Cincinnati, undetermined what to do with it, but his brother informed a reporter last night that they are contemplating placing it on public exhibition for the benefit of science. Several physicians, he said, who have examined the body, consider it a rare specimen of adipocere, and they have broken off little pieces, a toe or a finger, and put them in their cabinets of snails and crawfish and other interesting articles. The lady died of apoplexy, and she was buried in the graveyard of Dupont, Indiana. She was seventy-two years of age at the time of her death. The ground in which she has lain for the last two dozen years is mainly of limestone formation, and small streams of water trickled through the limestone and came in contact with the body. A

scientist stated last evening that it is unknown just what it is in the water that petrifies flesh, but it is some kind of mineral. Last November relatives of the deceased decided to take up her bones and rebury them at Cincinnati. When the grave was opened their surprise was great to find instead of only decayed and crumbling bones, a well preserved box, an apparently new coffin, and above all a corpse which requires no less than six men to lift. It is literally a chalk woman. The limbs and body are preserved almost perfectly. The features are there, but have shrunk and changed so much as to be barely recognisable. The flesh, or rather what was once the flesh, is discoloured, is dark, and has an unnatural look. Taking a knife and cutting or scraping this dark substance away, the substance is found to be almost exactly like white chalk. The back of the head is slightly decayed, but this is the only part where decay is indicated. Some parts of the body are not brittle like the rest of it, but are waxy and tough.—*Detroit Free Press.*

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## OSMIUM AS A REMEDY FOR GLAUCOMA

By GEORGE S. NORTON, M.D., New York.

SOME time ago Dr. T. F. Allen called my attention to *Osmium* as a drug which had produced a series of symptoms very similar to those found in glaucoma. It is to these that I especially wish to direct the attention of oculists and general practitioners, with the suggestion that they try the remedy in those cases in which operative measures can be delayed without detriment to the vision of the patient.

Turning now to Allen's *Encyclopædia of Pure Materia Medica*, we find the following symptoms: "Immediately struck with a sharp pain, he shut the eye and drew back. In ten minutes he came to my office. The lids were spasmodically closed, light very distressing, and pain in the globe severe. The conjunctiva and sclera were intensely injected and lachrymation profuse." In this case the sight was dim, viz., one-third, and he only read No. 3 of Jæger at ten inches. This dimness of vision, however, was not dependent upon the lachrymation, and no change could be observed in the size of pupil, accommodation, visual field, or any portion of the fundus. The external symptoms continued only one day, "extremely violent pains in the eyes;" "violent pains around the left eye, as if externally on the bone;" "burning

pains in the eyes, often violent, with profuse lachrymation;" "pressive pain in the eyeballs." Together with these pains in and around the eye, and the external inflammatory symptoms, we find that *Osmium* exerts a very marked influence upon the vision, "acuteness of vision diminished, so that large objects, somewhat distant, seem enveloped in a fog, and cannot be distinctly recognised; dimness of vision, especially of the right eye, that cannot be removed by wiping; it seems as though a mist was before the eye, or the room was full of smoke; decrease of sight, could just tell night from day, but could not discern the large letters on a title-page." This remarkable affection of the sight lasted each time, after smelling Bioxide of Osmium, for three or four days. When attempting to read, letters run together so that he cannot distinguish them, the candlelight is surrounded by a bluish-green circle the outer margin of which is bright red; if the light is removed to the distance of ten or fifteen paces from the eyes the circle disappears, and the flame seems indistinct, as if enveloped by a cloud of dust or smoke. Candlelight surrounded by a bluish-green circle, bordered by an ashy-grey margin, becoming larger as the light was removed; the flame of the candle seemed surrounded by a green circle, bordered by a red margin, which was larger or smaller according to the distance from the light. Candlelight surrounded by a yellowish circle; at the distance of about ten feet it had a diameter of three inches; in the evening a very large rainbow-hued ring around the flame of every candle, whenever he is exposed to an atmosphere smelling of *Osmium* even slightly. The flame of the lamp, in the evening, seemed much larger and more confused than natural.

From a review of these symptoms we are first led to believe that *Osmium* will be of service in acute attacks of glaucoma, when characterised by sudden severe pain (especially burning) in and around the eye, with ciliary injection, profuse lachrymation, and decided impairment of vision, accompanied by the halo around the light. Clinically, I have not yet had an opportunity to fully verify the above symptoms, as a typical case has not presented since my attention was directed to this remedy. In two or three cases, however, of chronic glaucoma, in which there has been a slight tendency to acute aggravations (in one case with moderately severe pain and constant increase of tension), it has seemed to ward off or ameliorate the attack. Am very desirous of trying it in a typical case of acute glaucoma when



an operation can be delayed a few hours without danger to the vision.

Further study of the symptoms also suggests its use in chronic forms of glaucoma. Suddenly appearing and temporary impairment of vision usually accompany variations in the tension. Iridescent vision, a marked symptom under *Osmium*, is also almost invariably present in the various forms of glaucoma, and upon examination it will be observed that the drug symptom very closely corresponds to the disease symptom. In glaucoma the refraction of the eye is usually hypermetropic (whether the hyperopia is caused by the glaucoma, or the latter more often attacks hyperopic eyes, is a question still under discussion), in which condition the violet end of the spectrum is inward and the red outward; thus the halo around the light will have a red outward margin. This arrangement of the colours of the spectrum, it will be noticed, is especially found under *Osmium*. The clinical application of this remedy has necessarily been limited. Several cases have been under its use during the past year, with ameliorations of unpleasant sensations and without recurrence of acute attacks, to which they were subject. The number has not, however, been large enough for me to speak conclusively as to its sphere of action.

One of the most severe cases is now under treatment. The lady came from Michigan two weeks ago to see me. Right eye lost from glaucoma some three years ago; now atrophy of the optic nerve, deep cupping of disk, tension, etc. Left eye has been failing over a year; vision  $\frac{1}{2}$ ; tension plus 1. Field greatly contracted, pupil dilated, deep cupping of optic papilla, iridescent vision, etc. As she refuses an operation at present, am giving *Osmium* 6x, under which some of her symptoms have improved somewhat; she thinks considerably; am anxious to see what the result will be, though I do not expect any great improvement, as I doubt whether any remedy can diminish an increased tension of so long standing. The sixth is the only potency I have yet employed.

As before stated, my object in this paper is simply to bring *Osmium* before the profession as a remedy for glaucoma, with the hope that it may be tested in this dangerous disease when it can be done without detriment to the patient.

[NOTE.—The chief points in this paper were given at a meeting of the New York County Medical Society in October.]  
—*Medical Call*.

## HOW A MAN WALKS.

ONE of the most remarkable things about a man's walk is the diagonal movement which characterises it. The reader may imagine the hands and feet to form the four corners of a parallelogram, and the diagonal limbs are of course the right arm and left leg, and the left arm and right leg. By "diagonal movement" we therefore intend to convey the fact that the diagonal limbs, during locomotion, always swing in the same direction. A soldier on parade keeps his arms motionless by his side, and on no account must they be allowed to vibrate. This is not what he would naturally do if left to himself.

Watch any one person out of the hundreds walking along the streets, and it will be seen that he invariably swings his arms as he goes along, perhaps to an extreme degree if he be a rustic, and less so if he be town-bred. The arms swing by the body like a couple of pendula, and with a speed which entirely depends upon the rate at which he may be walking. The athlete, anxious to complete the given number of "laps" in a mile or a couple of miles and outstrip his competitors, swings his arms to and fro with a quickness which corresponds with the motion of his swift feet; the business man also swings his arms with a motion which, if not so quick, exactly times with the motion of his legs; and even the idle man about town, lounging along some fashionable quarter, unconsciously gives a slow motion to his arms, which corresponds to his tardy legs.

Now, if the motion be even carelessly observed, it will be found that the right arm swings forward at the same time as the left leg, and when the right leg is advancing it is the left arm which accompanies it. This is the natural gait, and, to convince one's self that it is so, it is only requisite to get a friend to walk across the room in the opposite fashion, *i.e.*, to swing the right arm forward when stepping out with the right leg, and then, in the same manner, when bringing forward the left leg, to accompany it with the left arm. Such a gait is both unnatural and uncomfortable to the person who tries it, and also ludicrous to the observer who watches a first attempt of the kind. The diagonal movement of the limbs is therefore the natural method adopted by man when walking, and it is the first and most apparent fact that one ascertains in studying human locomotion.

## NÆVUS.

By C. G. WILSON, M.D., St. Clair, Mich.

OCTOBER 7, 1882.—Baby S., female, aged five months. Good health since birth. There is a telangiectasia, bright red, compressible, oval in shape, about  $1\frac{1}{4}$  by 1 inch in diameter, on *right temporal region*. (See Hering's *Condensed Materia Medica*, p. 395.) There being no other symptoms present, *Fluor. ac.* 200 (Dunham) one powder a day for three days is given.

December 15.—Nævus has decreased to size of a dime. Wished to give more powders, but baby was teething and parents thought anything strong enough to remove the mark would be injurious to a baby at that period, so no more medicine was given.

January 15, 1883.—Discoloration gone; only a slight elevation is present; hair growing over it nicely; think nævus cured.—*Medical Advance.*

## CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

(5) *Kali Carbonicum in Rheumatism of Heart*.—Mr. S., æt. 42, consulted me July 22nd, 1878. Seven years ago he had gout for three weeks; since which attack his allopathic physician has told him that his heart was "weak" but not "diseased." Three months ago had another attack in left foot; about fourteen days ago, after a cold bath, the pain went to stomach; six days ago the heart was attacked. Has taken *Calomel*, *Pil. Rhei Co.*, *Sodæ Carb.*, *Vinum Colch.*, *Aqua Chlor.*, *Sodæ Salicyl.*, *Cinchona*, *Zinjiber*, *Hydrarg. c. Cretâ*, *Hyos.*, and *Terebinth.* applications over heart; the curative effect of all this "scientific" and "rational" treatment was *nil*. His present state is as follows: Pain like a knife going into heart, *worse between 3 and 4 a.m.*, when he generally wakes up with it, with fear of death, the attacks lasting an hour; last night some aching in stomach, which is tender to touch; costive for three months; a systolic murmur, loudest at apex of heart; for two weeks, pressure on heart on leaning forward or carrying anything in left hand.

*Diagnosis of the remedy.*—The aggravation at 3 or 4 a.m. is very characteristic of *Kali Carbonicum*, and this remedy also corresponds fairly to the totality of the symptoms, having "stitches in præcordial region," "wakes about 2 a.m. with anxiety about heart, and cannot fall asleep again," "some pain in upper part of chest, on breathing, touching, or lifting anything heavy," "violent stitch beneath both breasts after lifting a heavy weight," "pressure in stomach," "great sensitiveness of epigastric region externally," "fearful and anxious about her disease," "fears that she cannot recover." I gave him one dose of *Kali Carb.* 3 CM (Fincke) in the morning.

July 24.—Much better for last two nights, especially last night; did not on either occasion wake with the pain; yesterday the pain at heart returned about noon and in afternoon, worse between 7 and 8 p.m., but less severe than before; the pain was then shooting from below upwards, he had not noticed the direction before (*Kali Carb.* produces "stitches beneath the left mamma, at times extending upwards from low down in chest"); this last attack lasted only forty-five minutes, and was accompanied with less fear of death; systolic murmur less; the stomach symptoms returned last evening; costiveness unchanged.

July 25.—Last night was not so good, awoke several times with a little pain in heart; had been pretty well during the day, but became worse between 6 and 7 p.m.; to-day very little pain till about 1.45 p.m., when he had sharp pains in heart, returning about 7 p.m.; the pain in foot returned last night and has continued—it is in the ball of great toe, which is tender and burns; for the last two days much less costive than for the last three months; systolic murmur less; tenderness over apex of heart; the pressure on heart on leaning forward or carrying with left hand continues.

July 26.—Had a better night; foot rather more painful; heart less painful and less tender.

July 29.—Has slept very well; has very seldom had the sharp pain at heart, and then it was not nearly so severe; has a dull heavy pain there with tenderness; stomach pain not nearly so severe; foot was very bad on 27th and 28th, but is much better to-day; rather more costive; systolic murmur nearly gone.

August 1.—No return of shooting in heart, very little dull pain there; no return of stomach pain; sleeps well;

foot much better, no swelling, and little redness or pain; no systolic murmur or tenderness at heart; still costive.

August 5.—Only a little dull pain at heart; foot a little more troublesome; stomach a little more tender to touch; sleep good; still costive.

August 12.—No return of pain in heart or stomach; foot still a little painful and red, but no swelling; much less costive.

August 17.—Has had *slight* dull pain and tenderness at heart, and at times sharp pain; no stomach pain; toe nearly well, but still pain in arch of foot; has had pain in left hand, the weather being damp; bowels natural.

August 22.—No pain at heart since 18th; no tenderness; no pain in hand; bowels natural; foot better.

August 31.—Heart remains well; bowels natural; only a little pain in foot.

September 7.—Of all the old symptoms there only remains a slight pain in foot. About six times in the last three weeks has had a feeling of pins and needles in both hands, usually on waking; last night woke with it in left hand, the fingers of which were drawn together over each other, but not bent; to-day this sensation extends up to shoulder. (Probably an effect of *Kali Carb.*, the provings of which show similar symptoms.)

September 11.—The above new symptoms have not returned since September 8th. For the last two days has felt dull pain at heart, and later on shooting there going downwards towards left side, waking him last night before daybreak; shooting in heart when carrying a hand-bag in left hand; to-day stomach tender to touch; irritable for two or three days, worried by the children playing about, which was not the case in the former attack; heart sounds normal; sharp pains at heart on deep inspiration; the shooting is better when lying on right side, worse when lying on left side. On September 9th, the day before this relapse, he went out fishing, and drank two glasses of beer. *Kali Carb.* 3 CM (Fincke) one dose.

September 13.—Only a little of the tingling yesterday; less shooting; some dull pain still, but it did not wake him at night; stomach much less tender; less irritable; less pain on deep inspiration.

September 21.—No more tingling; dull pain continues about heart, with occasional shooting; no pain in stomach; disposition natural; less pain on deep inspiration; at times rheumatic pain in left foot and leg.

September 28.—Took a Turkish bath on his own account on September 26th, and enjoyed it; felt very well all last week; no tingling this week; no pain in legs for nearly a week.

October 2.—Feels quite well. On September 29th walked thirteen miles, and next day twenty miles without unusual fatigue.

1879, February 19.—Has remained quite well, in spite of the severe weather. All the time he was under my care he was compelled to continue his outdoor work, as collector of water-rates. Since then I have seen him several times, and he has remained well.

*Comments.*—(1) After the first dose the pain at heart, which used to attain its height between 3 and 4 a.m., reached its climax between 7 and 8 p.m., and was less severe; a postponement, combined with an amelioration, of a paroxysm, and in general any breaking of the periodicity of the disease, is a sign of improvement.

(2) As the heart symptoms improved the old trouble in foot returned; the metastasis of symptoms to a less important organ, their transference to the extremities, and the return of old symptoms combined with the amelioration of the more recent, are all signs of improvement.

(3) In this case the most recent symptoms disappeared first, then the older ones, just as HAHNEMANN taught would always happen in a homœopathic cure; if they disappear in any other order it shows that the remedy was not perfectly homœopathic, and the symptoms being only temporarily suppressed, will return.

(4) The extended duration of the action of *Kali Carb.* in a very high potency is shown here. The first dose acted curatively from July 22nd to September 9th, or fifty days, even apparently producing new symptoms towards the end of that time, and probably it would have continued to act longer had not the patient's dietetic indiscretion hindered it.

(5) This case shows the curative power of a single dose. Cases vary greatly in this respect, some requiring a frequent repetition of the dose, even at very short intervals, others needing only the single dose, and being aggravated if it is repeated. This does not depend altogether on the severity of the case (for some most acute cases have been cured with a single dose, while on the other hand some chronic cases demand persistent repetition), but also on the degree of homœopathicity of the remedy and the freedom from ex-

ternal disturbing circumstances. In all periodical diseases the rule is to give one dose as soon as possible after the paroxysm, and wait to see the change effected in the next before repetition or change. This I did in this case, but had the symptoms been continuous instead of paroxysmal I should, in consideration of his unfavourable surroundings, have repeated the dose at intervals until there was a decided improvement. The repetition of the dose in each case must be left to the judgment of the *experienced* physician; but under all circumstances this rule must be observed—*Never repeat the dose or change the medicine as long as the patient shows a decided and progressive improvement*; and even when the improvement in chronic cases appears to cease wait awhile, as periodical exacerbations of symptoms, followed in turn by marked amelioration, almost invariably occur during the progress of a homœopathic cure.

(6) The extended sphere of conditions is here illustrated. *Kali Carb.* is not known to have produced the exact cardiac symptoms of this case at 3 or 4 a.m.; but a general aggravation about this time is exceedingly *characteristic* of this remedy, just as an aggravation from 4 to 8 p.m. is *characteristic* of *Lycopodium*. Some conditions seem to belong only to a single symptom, and hence, being of limited utility, are not *characteristic*; while others are shown either by the provings or by clinical experience, or by both, to apply to almost, if not quite, the whole of the pathogenesis of the remedy. The same applies also to certain peculiarities of sensation, which are *characteristic* of certain remedies, even when they occur in regions other than those in which the remedy has produced them; *e.g.*, the "opening and shutting" pain of *Cannabis*, the "wooden" feeling of *Kali Nitr.*, the "suddenly coming and going" pains of *Bell.*

(7) The superiority of the semeiological over the pathological method of selecting the remedy, or rather the utter insufficiency of the latter, is demonstrated by this case. The pathology of the disease showed rheumatism or rheumatic gout, but what indication for the remedy did this afford? What is the pathological significance of "aggravation between 3 and 4 a.m." which indicated the true curative remedy; and with what different pathological condition or organic lesion would the case have been associated had there been a marked aggravation between 4 and 7 p.m.? Unless the pathological school can solve these problems, their vaunted superiority of method falls to the ground self-condemned.

And even if pathology ever advances far enough to explain all these internal changes and their connection with the subjective symptoms, it would only equal, not surpass, the semeiological method of Hahnemann. What indication, moreover, was the objective symptom of "systolic murmur, heard loudest at apex"? The adherents of this school maintain the superior value of objective symptoms; but *Kali Carb.*, which cured the case, has not been known to produce this symptom, while the remedies that have produced it do not correspond to the subjective symptoms. Which are we to follow? The true homœopathician depends most upon the subjective symptoms, because they individualise one case from another. The objective symptoms are of chief value in the diagnosis of the disease, but of little value in the diagnosis of the remedy; first, because in only a few cases have the provings been pushed to a sufficient extent to produce them, so that we cannot possibly form a complete list of the medicines capable of effecting such a change; and secondly, because even if we had such a complete list, we should still have to resort to the subjective symptoms of each case to individualise one from the other.

(8) When the patient relapsed, the same remedy was repeated. Usually when the symptoms, after amelioration, return in a modified form, a different remedy is indicated, the new symptoms being especially characteristic. In the present case, however, no remedy suited so well as *Kali Carb.* As a rule, when the remedy has to be repeated after a long interval of improvement, it is better to give it in a different potency, or in a different degree of repetition; but as it seemed that the relapse was not so much a new phase of the disease as a checking of the action of the remedy by the beer (one of the worst things a rheumatic patient can take), I gave the same dose of the same potency, and with excellent results.

(9) Was the *Kali Carb.* actually antidoted by the beer, or did the latter only re-excite the rheumatic symptoms? This is a question which can only be satisfactorily answered after further experience; but the bad effects which I have seen from beer in other rheumatic cases lead me to conclude that the latter is the true explanation of the fact; added to which I do not find that these *very* high potencies are interfered with easily by errors of diet; in this they have a marked superiority over the lower potencies.



## CONVALLARIÆ MAJALIS FLORES.<sup>1</sup>

By RALPH D'ARY, M.D., Romeo, Mich.

THE Russian country folks, like the Indians of this country, are a very primitive people, and, being almost beyond the reach of civilisation and the medical advantages it offers, they have learnt to help themselves in cases of emergency. But whilst everybody is more or less of a herbalist or nurse, each village generally has its *znaharka*, or wise woman, who occupies about the same position as the Indian medicine-man.

While on a summer tour through Russia—my native country—some years ago, I took especial pains to obtain information concerning their methods and means of treating disease. As may be expected, it was difficult to gain the confidence and goodwill of the jealous and suspicious women, but whenever successful in that respect—with the aid of alcohol and flaming dress goods—a very curious insight into popular medicine and pharmacy was afforded me. The revelations in the majority of cases consisted of unmitigated trash, but here and there I obtained ideas, hints, and positive knowledge which were well worth retaining. Among the latter I class what I learned of the uses of that beautiful, fragrant little wild flower, the lily of the valley (*Convallaria majalis*). I pass over the uses made of the root or leaves, since they are recorded in almost every dispensatory (the eclectic one of this country alone excepted, strange to say), and since their properties are not of a nature to make those parts of the plant a desirable remedy. The fragrant flower, however, deserves the closest study of the therapist. My attention was first called to it by witnessing the relief derived from it by an old man in the last stages of chronic dropsy. He used it as a diuretic and tonic of the heart, and it seemed to be so very efficient, that I made his case an object of special observation, he willingly lending himself to my experiments. Since that time I have used a tincture in my practice, and have cautiously experimented with it, but, not being aware that the plant had ever been brought before the profession and that physiological experiments had been made with it, I thought it premature to call attention to it until I should be able to give more than clinical observation to the medical press. Circumstances, however, have prevented me from making any systematic

<sup>1</sup> *Therapeutic Gazette*, October, 1881.

physiological experiments, and even at this day I should hesitate about submitting the present article to the medical world, if I had not found since that the ground had been fully prepared by the experiments of Walz, Marmé, and others (see *New York Medical Journal*, November, 1867, and Schmidt's "*Jahrbuch*," 1867, vol. 166), and especially those of Drs. Bogoyavlenski and Troitsky, of St. Petersburg, whose articles on the subject, in translation, I have furnished to the editors of the *Therapeutic Gazette*. They have evidently experimented clinically with reference only to heart disease and consequent dropsy, and give their results in so clear and precise a manner that it would be useless repetition were I to dwell on these points, especially as my experience is almost identical with theirs. I will only add that I have used the remedy somewhat indiscriminately in every variety of heart disease coming under my hands, both functional and organic, with a view of testing its efficiency in the various forms of these affections, and nearly in every instance with most gratifying results. In fact, I have not been able to determine any special indications (or contra-indications) for its use, its effect seemed so uniformly beneficial. It certainly had not the least direct restorative value, in my hands, in organic disease; not any more than *Cactus Grandiflorus*, for which such claims have lately been set up by some enthusiastic practitioners, mostly of the homœopathic persuasion. But, although *Convallaria* is unable to alter the organic *status præsens*, it enables the patient to make the best of it, by compelling Nature to put her best foot foremost. It is pre-eminently a regulator of nervous function, adapting the latter to existing conditions in such a manner as to compensate to the utmost possibility for the existing organic lesion. The sympathetic nervous system seems especially to be under its control, though it is by no means devoid of a powerful influence on the cerebro-spinal system. This circumstance accounts for its almost universal adaptability, in varying doses, to every variety of heart disease. In small doses it is a stimulant to the heart, increasing the frequency of its beats; in larger doses it is a tonic and sedative, lessening the frequency, but increasing the energy and regularity, of the contractions. In overdoses it is a swift destroyer of life, thoroughly paralyzing the heart. Over *Digitalis* it has a most important advantage in the absence of a cumulative effect, at least so far as personal observations allow me to judge. On the other hand, I have noticed that some patients seem from idiosyn-

crasy unable to endure it, even in small doses. Wherever these unpleasant effects—manifested by dyspnœa, faintness, pain at the heart, etc.—become manifest, alcoholic liquors seem to me the promptest antidote. I would therefore strongly advise, in every new case, to begin with minimum doses and gradually increase until the desired effect is obtained, which generally takes place very promptly. It is an excellent nervine sedative tonic, especially where the patient suffers from the consequences of excessive reflex irritability or “nervousness.” Thus I have found it useful in certain conditions of insomnia, hysteria, the restlessness of fevers, infantile nervous disorders caused by the irritation of dentition, etc. In tic-douloureux and neuralgia in general it has sometimes acted with great promptness. It is not a narcotic or anodyne simply, and therefore does not merely lull the pain by stupefying the patient’s sensibility, but seems to act as a direct nerve tonic and sedative, restoring the equilibrium of nervous function. You will see, therefore, that it opens up a wide field for further careful investigation. In using it, the practitioner should always bear in mind that in this connection the old adage may well be reversed, and should be remembered as *magis remidium, magis venenum*. But, though it requires care in its employment, I believe the *Convallaria* to be a safer remedy than *Digitalis*, in its cardiac sphere, especially in desperate cases, where large doses are imperative. What practitioner of any experience has not found himself once in a while in a responsible position, where he had to choose between the almost certain death of his patient, or another and yet another heroic dose of *Digitalis*, and yet had no means of ascertaining whether the preceding doses had finally expended their effect, or were only awaiting the reinforcement of another dose in order, with combined power, to extinguish the last remnant of cardiac life? How often is the last dose of the potent but treacherous remedy but the messenger of death! Herein lies the special value of *Convallaria*: once its effect is expended apparently, it is so in reality, and another dose may be safely administered. Such is my experience; but as the point is one of so much importance, more than one or two men’s observations should be recorded before it should be accepted as a finally determined fact.

In giving the above to the press, I trust the profession will sufficiently appreciate this promising—nay, even now important—remedy to induce them to carefully experiment with it and make known the results.

## Obituary.

### CHARLES T. PEARCE, M.D., M.R.C.S.

It is our duty to announce the death of a very able homœopathic colleague, Dr. Charles T. Pearce, formerly of Northampton, and subsequently of London, at the age of 67. The deceased gentleman had been suffering from poor health for some time, and finally died at Torquay on May 9th, 1883, under the able and sympathetic care of Dr. Midgley Cash, of that place.

Dr. Pearce was, in many respects, a very remarkable man ; perhaps it would not be too much to say that he was a man of genius, and his intimate friends might do well to bear this in mind in judging of some of his acts of which they did not fully approve. His position, many years ago, at Northampton, was a high one ; and his memory even now, after the lapse of years, is still affectionately cherished by some of his old patients.

Whatever his faults, it is but fair to say that he was a man of great power and noble aspirations : indeed we are much disposed to think that, if his career were dispassionately analysed, it would be found that his lofty views eventually ruined him because of his want of the necessary balance to carry them out with a steady purpose. In judging our fellows we must ever keep in view the fact that mental greatness will at times oscillate like an unsteady pendulum.

Our deceased colleague was an ardent anti-vaccinator, and all anti-vaccinators owe him an eternal debt of gratitude, and pro-vaccinators are not likely soon to forget such an opponent. We are not concerned, now and here, to dilate on the great question of vaccination, but all must admit that Dr. Pearce's anti-vaccinational statistics revealed a mind of no ordinary magnitude, and his zeal for the cause of humanity was at times an all-consuming fire. It is all very well for cool-headed, quiet-hearted opportunistic people, whose religion is expediency, to say a man has no business to be too much out of gear with the majority of his own age and profession, but there are certain natures that are emphatically possessed of one pet idea even though it mean ruin. It was thus with Dr. Pearce and vaccination. We not long since met a warm admirer of Dr. Pearce in his capacity of a physician, who

said: "I gave up going to Dr. Pearce because he was always at me with his anti-vaccination, a subject in which I never took the slightest interest." But Dr. Pearce did his best to enforce the question upon all and sundry. Doubtless it was not worldly wise, but he himself was evidently in earnest and actuated by the purest of motives. How much of his life was thus spent—used for humanity's sake, but not utilised for himself—we have no means of knowing, but certainly no inconsiderable portion of it. And this brings us to the fact that our deceased colleague leaves several maiden daughters unprovided for and unable to earn an adequate living, and we take the liberty of suggesting to our readers whether a subscription should not be set on foot in aid of these ladies, whose father did so much gratuitous work in his day. We are open to receive suggestions on the subject, and shall be happy to publish lists of the subscribers if a committee of, say, three be formed to carry the thing out properly for the benefit of our poor colleague's family, who are deserving of sympathy and help.

## LITERATURE.

### THE ETHICS OF DIET.<sup>1</sup>

WHEN things are present in abundance we often say they are as common as blackberries, and of books in London we may fitly say they are very much more common than that humble berry has ever been in our day. The good people in the "Row" tell us that books have their seasons, but we find them coming in upon us in season and out of season. Still we always open a new book with genuine pleasure, and the one before us is unusually charming. *Habent sua fata libelli*, old bookworms aver, and we venture to predict that "The Ethics of Diet" will take a permanent place on the shelves of scholars, if only as a mere display of pure and chaste learning. A man need not be a vegetist to enjoy it, and no words of ours are sufficient to express our high appreciation of its merits.

*Der Mensch ist was er isst*, says Mr. Howard Williams,

<sup>1</sup> The Ethics of Diet: a Catena of Authorities Deprecatory of the Practice of Flesh-Eating. By Howard Williams, M.A. London: F. Pitman. 1883.

which, if true, must make some of us feel uncomfortable, especially if particularly fond of pig-meat.

We have not space to review our author's "Catena," but cannot conclude this little notice without personally offering our thanks to Mr. Howard Williams for so choice a literary treat. We can only compare it to the *Hinter-lassene Papiere* sines *Lachenden Philosophen*: the life work of a literary bee.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. GREGG'S THEORY OF TUBERCULOSIS.

DEAR SIR,—Having carefully read Dr. Gregg's "response to Dr. Thomas's criticism," I regret that there is nothing therein advanced in answer to the facts demonstrated in my letter published in your January number—not one single fact shown by experiment to be incorrect, nor a particle of evidence adduced in support of Dr. Gregg's theory.

His now writing of this theory as a great truth is no doubt self-consoling, but such statement does not prove the question, which is one for demonstration and not for mere assertion.

With respect to the use of the term bacilli in place of bacteria—there is no quibble in such use, but a desire to be exact and definite. I hold it to be as inexact to confound these two words as to substitute *mucor* for *penicillium*, or *Rhus Venenata* for *Rhus Glabra*.

For colour of bacteria and micrococci your readers are referred to your January number. There is no difference of opinion on this subject between Carpenter and Cohn. Dr. Gregg here confounds the two, but to no purpose in proving his theory.

As to the use of the term "on the very borders of the visible," as written by Dr. Gregg in his paper entitled "Bacteria in Tubercles," the expression is most incorrect, as was fully proved in my previous letter.

To the most extraordinary questions—as to "primary organisation of fibrin" and its "retrograde metamorphosis"—

asked me by Dr. Gregg in page 232 of your May number, lines 5 to 18, I say no, nor do I know any one else, but Dr. Gregg, who can look upon the statements contained in his questions as bosh, pure and simple, and am led to ask, Is it possible that Dr. Gregg has confused the results of a very ancient experiment of coagulating the albuminous matter of the red corpuscles which alters their form and gives rise to tail-like processes with adherent minute globules, which also cover the surface of the corpuscles, and by pressure the latter are broken up into a number of similar globules? If this is the rock on which he has been wrecked, a little more devotion to microscopic work will show him the enormous difference that exists between a bacillus and the coagulated fibrin of the blood corpuscle. If Dr. Gregg will, instead of "arguing the point," publish *micro-photos* of the changes he assumes take place in the "primary organisation of fibrin" and its "retrograde metamorphosis" he will claim a right to be heard, although this will in no way affect Koch's discovery. For information Dr. Gregg should explain if his two-tailed fibrin grows (outside of the human body), breaks up into cells which develop two tails each, and reproduce their young.

As it is, this two-tailed fibrin is "two too much."

In regard to the bacillus tuberculosis developing tubercle by its action on the human body, this is quite in accordance with what is already well known of other vegetable growths which attack animal tissues and wholly change and often wholly destroy them.<sup>1</sup>

To confine the statement to a few well-known examples in illustration of this fact :

1. *Saprolegina ferax* or *achlya ferax*, known as "salmon disease." This fungus in its aërial form attacks the house fly.

2. Such forms of animal disease as *Pebrine*, which affect silkworms. [Pasteur's discovery of the spore of this fungus was the means of protection from the same.]

3. Such as Ringworm, Favus, Herpes, and Pityriasis Versicolor.

In fact, the numbers of skin diseases are so great which can be undoubtedly traced to fungoid growths altering animal tissue that I will content myself with quoting one,

<sup>1</sup> Instances are equally well known of animal growth changing vegetable structures, as in the familiar examples of the galls of the oak, rose, etc., etc., where increased and altered growth is produced by presence of the eggs of cynipidæ, etc.

not only well known, but one in which increased growth is at one period so enormous that even Dr. Gregg can hardly hope for "organised tissue more developed in excess" than is "Madura Foot of India," which is produced by introduction into the cracks and abrasions of the feet of a very minute spore of a mucedinous fungus known as *Chionyphe Carteri*. The spore is so minute that it needs a very high power to discover it. The life history of this fungus is well known, and its ravages are so great that it bores its way up and down the leg, even altering the bone, and finally may cause suppuration and death unless amputation is performed.

There is no contradiction of nature in these examples, which, if space and time were free, might be much added to.

But all this question is wide of Bastian's dispute as to Heterogenesis, a nightmare killed very dead by the work of Pasteur, Koch, Tyndall, Dallinger, Drysdale, and others.

It is pleasant in the midst of disagreements to find one statement of Dr. Gregg's that I can most thoroughly endorse, viz., that "sarcasm and personal thrusts have no proper place in a discussion of scientific matters," and take the opportunity to apologise to your readers for my suggestion of a "*Bacterium Greggii*," also to thank Dr. Gregg for his absurdity in coupling so insignificant a name as the writer's with two such great workers as Tyndall and Koch, an absurdity I think no one can be guilty of who knows more of the three men.

Andrew Clark's experiments and the pulverised glass tubercle have been some time before the world, and I doubt not are as well known to the bulk of your readers as to Dr. Gregg, but they in no way touch upon the presence or absence of a bacillus in tuberculosis.

The constant iteration of Dr. Gregg's notions without proof in no way advances his theory. The question is not to be decided by writing, but must be one of demonstration, and no amount of unsupported statements can in the slightest degree invalidate Koch's discovery.

Yours truly,  
H. THOMAS, M.D.

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#### MR. HEATH ON *DROSERA*.

DEAR SIR,—Dr. Ussher says in your April issue, page 150, that *Drosera* has no hæmorrhage *as yet*. If violent bleeding from the nose, for a quarter of an hour, after inhaling the



vapour of the freshly bruised plant, whilst making the tincture, may be called hæmorrhage, it most decidedly has *that* symptom. Such was my case two years ago, and epistaxis is not a thing that has troubled me before or since, besides which hæmoptysis is a *proven* symptom of *Drosera*. Dr. Skinner is far too good a homœopath to say *Drosera* has *no* hæmorrhage symptoms.

I am, dear Sir, yours truly,

ALFRED HEATH.

114, Ebury Street, April 20, 1883.

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## REPORTS OF INSTITUTIONS:

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### NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY.

THE Dispensary continues to do useful work amongst the poor. During the past year there were over 960 distinct cases under treatment, as compared with 830 in 1881.

These represent a great variety of diseases, mostly of a chronic character. Many visits have been paid to the houses of those unable to attend. A large number reported themselves as relieved or cured, and returned thanks for the treatment; others failed to bring back their cards. Owing to Dr. Galloway's ill-health the Dispensary was open only four days in the week most of the year. We hope this report will encourage the subscribers and increase their interest in the Dispensary; we shall be glad if they will make more use of the cards, and send the sick poor they know to get the benefit of the treatment.

T. E. PURDOM, M.D.

W. A. KENNEDY, M.B.

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### TORQUAY HOMŒOPATHIC DISPENSARY.

PATRON: The Right Honourable the Lord Haldon. Vice-Patron: W. B. Fortescue, Esq. Consulting Physician: C. H. Mackintosh, Esq., M.D. Medical Officers: A. Midgley Cash, Esq., M.D.; W. F. Edgelow, Esq., M.D. Treasurer: aptain Berthon. Committee: C. Collett, Esq.; Colonel

McDougall; A. R. Hunt, Esq.; Savery Pinsent, Esq.; Herbert Schuster, Esq. Secretary and Dispenser: Mr. J. M. Rendall.

At the thirty-fifth annual meeting of the Homœopathic Dispensary Committee, held on Thursday, January 18th, 1883, H. Schuster, Esq., in the chair, it was resolved: That the report be adopted, printed and circulated as usual, and published in the *Western Morning News* and *Torquay Directory*. That the best thanks of the committee are due to Dr. Midgley Cash and Dr. Edgelow.

Medical report for 1882: Patients remaining from 1881, 83; Admitted during 1882, 506; total, 589. Cured, 280; relieved, 122; no change, 5; no report, 60; deaths, 2; on books, 120; total, 589.

### BREAD REFORM LEAGUE.

THE movement for bread reform has received the unanimous support of the principal authorities on food, diet, and hygiene, who are agreed that good wheat-meal bread is not only much more nourishing than white bread, but that it is also a much healthier food for all classes. Children fed *principally* on white bread are liable to suffer from rickety bones, consumption, and bad teeth, consequent on an insufficiency of lime and other mineral substances in their food. If these mineral substances are absent from the food, life cannot be maintained. White bread alone will not sustain life. Dogs fed on it have died at the end of forty days, while those fed on wheat-meal bread alone thrived and flourished.

White bread is not only deprived of flesh-forming substances, and nearly all those materials required to form bones and teeth and nourish the brain and nerves, but also of the natural stimulant contained in the embryo and outer portions of the grain, which assist and stimulate digestion.

Especial attention is directed to the fact that the Blue Book of 1878, after describing the advantages of wheat-meal bread, says:—

“It should be more generally known that bad, indigestible bread, devoid of flavour and nutriment, begets a craving for stimulants.”

Much of the misery endured by the poor, especially children, from insufficient food, would be prevented if they could be induced to adopt a bread which is not only more nourish-

ing, but should also be *considerably cheaper*. As much nourishment can be obtained from 3s. spent in wheat-meal bread, as from 4s. spent in white bread—a saving of 25 per cent., in addition to improved health and diminished butchers' bills.

Wheat-meal should be ground fine enough for it all to pass through an 18-mesh wire sieve (miniature testing sieves, post-free, 6d., may be obtained from the Ladies' Sanitary Association, 22, Berners Street, W.), and wheat-meal bread may be known by the crust having a fine smooth granular surface, free from the large flakes of bran, chaff, etc., usually seen in "whole-meal bread," which have an irritating effect. It is advisable to remove the fifth or outermost skin, which is principally woody fibre, and the beard, by decortication, as it is found that many persons can digest decorticated wheat-meal who cannot eat whole-meal.

Wheat-meal bread must be carefully distinguished from ordinary brown bread, which is often a mere mixture of coarse bran and impoverished flour. Coarsely-ground "whole-meal" contains, indeed, all the nourishment of the wheat, and is a beneficial article of diet for many persons; but for others it has an irritating and relaxing effect, due to the presence of the coarse particles referred to above, which makes its general use objectionable. Meal made from wheat which has first been properly cleansed from beard, dirt, chaff, etc., and then reduced to a fine granular form, has no irritating qualities.

#### WHEAT-MEAL RECIPES.

*Wheat-Meal Bread.*—Dissolve  $1\frac{1}{2}$  oz. of German yeast in a pint of water, milk warm, in which put a tablespoonful of sugar. Put 7 lb. of wheat-meal in a large dish, and salt according to taste (about  $1\frac{1}{2}$  oz.). If the yeast has proved good, add it to your meal, and with plenty of warm water at hand knead it to a rather soft consistency. Put it into well-floured tins about half full, so as to allow room to rise. In about an hour and a half it will be fit for the oven if put into a warm place. A pint of milk in kneading is a great improvement. By this method fermentation is reduced to a minimum. The bread is much lighter, and the crust is as porous as the middle of the loaf.—*Dietetic Reformer*.

Practical teachers of cookery advise that the dough should be well *mixed* with the hand instead of being kneaded, and

that the best French yeast should be used instead of German yeast. More water is required than for white bread. Wheat-meal bread should be made into *small* loaves, so that it may be properly baked.

*Unfermented Bread.*—Mix wheat-meal with boiling-water to the consistency of dough. Roll into cakes about half an inch thick; bake in the oven or over the fire. Avoid using too much water, baking too hard, rolling too much (lest the cakes be heavy), or making too thick. Cut open and eaten warm with stewed fruit, syrup, honey, or butter, these cakes make an excellent meal.

*Graham Bread.*—(From "*Le Pain Naturel*," by H. Thiele.) Mix wheat-meal to the consistency of dough, without adding any salt or any ferment. Having sufficiently kneaded the dough, let it remain from one to four hours, according to the temperature. As soon as the first process of fermentation commences, make the dough into small loaves and bake in a *very* hot oven from one and a half to two hours.

*Wheat-Meal Porridge.*—Set a pint and a quarter of water on to boil. Mix quite smooth two teacupfuls of meal in three quarters of a pint of cold water, and stir into the one and a quarter pints *when boiling*. Boil half an hour, stirring very often; quarter of an hour before done add salt to taste. To be eaten with milk, syrup, or stewed fruit.

*Wheat Pudding.*—Prepare porridge of wheat-meal or crushed wheat according to previous recipe. Beat up with it two eggs and one teacupful of milk and sugar, and spice to taste. Pour into a dish and bake.

*Gingerbread.*—1 lb. wheat-meal,  $\frac{1}{4}$  lb. moist sugar,  $1\frac{1}{2}$  teacupfuls ground ginger,  $\frac{1}{2}$  teacupful ground cloves,  $\frac{1}{4}$  teacupful allspice, 1 oz. candied peel cut very fine. Mix the dry ingredients well together; paper a shallow tin with oiled paper. Put into a jar  $\frac{1}{4}$  lb. of lard, dripping, or butter,  $2\frac{1}{2}$  lb. black treacle. Set in a fairly hot oven until the butter and treacle are melted. Beat up the treacle and butter, pour into the wheat-meal and other ingredients, and stir *all* thoroughly well together (don't begin to mix in the middle, but take good sweeps round the bowl). Beat two eggs into it last of all, and mix the whole to a soft paste, adding a little water *if required*. Pour the paste about an inch thick into the tin, and bake until set (about 30 to 45 minutes). When baked, turn the gingerbread out of the tin on a sieve, and cut in squares.

## OUR BEEF AND OUR DISEASES.

THE following letter appeared awhile since in the *Times* :—

“Sir,—A very interesting article in the *Times* of Friday, entitled ‘What Tourists Note,’ contains the following sentence :—‘Foreign magistrates all thoroughly understand the importance of protecting the public against noxious food, and for this reason there are inspectors whose only business it is to go and visit the kitchens of hotels and eating-houses to see that the copper saucepans are kept free from verdigris, and that no tainted meats are used.’ The italics are mine, and I should like to be allowed to make public in the columns of the *Times* another ‘Tourist’s Note’ on that part of the subject.

In the month of August this year I had occasion to spend a few days at Hanover, and I took the opportunity to visit the new cattle market and slaughter-houses, with the meat-stores, albumen factory, and other adjuncts to that admirably arranged establishment. I found there a complete system of control for the prevention of the sale to the public of any but the most perfectly healthy meat. No joint of meat of any kind is allowed to be sold in the town unless it is stamped by the slaughter-house authorities. Before this stamp is given, different parts of the carcass of each animal slaughtered are subjected to microscopical examination by a staff of experts continually employed for the purpose. In the event of disease being discovered, the carcass is condemned as unfit for human food, and is sent to the albumen factory.

The five gentlemen who are employed on this detective service very courteously allowed me to inspect their note-books, and I obtained a return of the results of their work during the previous month. It is here only necessary to state that during that month (July) they examined 637 head of cattle, and found 16, or  $2\frac{1}{2}$  per cent., more or less affected with *tuberculosis*. Of course the carcasses were condemned, as it is well known that this fatal disease can be communicated to animals by meat taken as food.

The significance of this result may be easily made manifest to the most careless reader. An average English bullock is taken to weigh at least 700lb. dead weight; but, if we allow a good margin for young animals and foreign breeds of cattle, probably 500lb. may be accepted as a fair average of the weight of the carcasses examined in the

Hanover slaughter-house. Sixteen times five hundred make 8,000, and if we allot 1lb. of raw beef per head for a meal, it will be apparent that, but for the system of control organised at the meat-market by the municipal authorities of Hanover, no less than 8,000 people might have been inoculated with tuberculosis (commonly called consumption) in and about Hanover last July.

An application of these figures and percentages to London will probably startle most persons. The average number of live cattle brought into the Metropolitan Cattle Market and the Foreign Cattle Market considerably exceeds 300,000 head per annum. There is no control in London of the nature of that which I have just indicated as existing at the Hanover Meat-market (I do not know to what extent the "kosher" meat of the Jews is examined), and, therefore, the number of cattle which are sent here affected with tuberculosis can only be guessed at. Some large salesmen have expressed their conviction that the proportion is very large. But, if we apply the Hanoverian standard, we shall find that 7,500 head of cattle affected with tuberculosis are eaten by Londoners every year, and that at the previous rate of computation, at least 375,000 of the inhabitants of the metropolis annually run the risk of being tainted with consumption and of transmitting it to their unborn children. To this huge danger must be added the scarcely smaller, if not greater, one of this fatal disease being communicated by dead meat imported into London, both from country districts and from foreign lands.

Tuberculosis cannot be detected by the meat-inspector, unless the animal has been allowed to live to nearly the last gasp; and, therefore, the magnitude of the evil seems to call for an immediate and complete investigation with a view to the establishment of an early and compulsory control. The Social Science Congress and the Sanitary Congress have recently discussed certain predisposing causes of tuberculosis; but I have not observed that they have taken notice of this particular source of danger, which may justly be termed sowing the seed, even although, as one likes to hope, its germinating power may be generally destroyed in the process of cooking.

I am, Sir, your obedient servant,

H. M. JENKINS.

12, Hanover Square, W.

## FAVOURITE SEAT FOR THE BACILLUS OF TUBERCLE.

CHIARI tells us that the suprarenal capsules are a favourite nidus for the bacillus of tuberculosis, where they are said to lie dormant (or, perhaps, with one eye open?) in certain cases, but eventually issuing from their fastness as acute disease leaving no organ in the body untouched.

Now all we want is for the good surgeons to show how these wretched kidney capsules may be harmlessly extirpated, or how enough ten per cent. carbolic solution may be injected therein, and the trick is done.

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. DAVID WILSON, LONDON.—Many thanks for the particulars. We refer to the matter in our next issue.

DR. R. R. GREGG, BUFFALO, N.Y.—Our Journal has been sent to you. We await with much interest the further development of your views on the bacillus question.

MEDICAL STUDENT.—We sympathise with the sentiments expressed in the notice, but

the subject is hardly of wider interest.

DR. SIMPSON, WATERLOO.—We await your promised paper.

MEDICINÆ STUDIOsus.—In homœopathic practice the right dose is the one that cures *cito, tuto, et jucunde*. It matters not whether it be a few drops of the matrix tincture or an olfaction of a CM.

### BOOKS AND JOURNAL RECEIVED.

The Therapeutic Gazette, April, 1883.

Health, Vol. I., No. 3.

The Guide, Vol. I., No. 7.

The Dietetic Reformer.

Guide aux Villes d'Eaux, Bain de Mer et Stations Hivernales Publié par le Dr. Macé. Paris: Adrien Delahaye, 1881.

The Staffordshire Sentinel.

The Medical Enquirer, April, 1883.

The American Homœopath, April, 1883.

The United States Medical Investigator, Feb. 24, Mar. 10, 17, 24.

The Calcutta Journal of Medicine, January, 1883.

Revista Homœopatica Catalana, 1883.

Disease and Putrescent Air. By T. Ronan. London and New York : E. and F. N. Spon, 1883.

Dublin Journal of Medical Science, April, 1883.

Revue Homœopathique Belge, Mars, 1883.

Hahnemannian Monthly, March, 1883.

American Observer, April, 1883.

Allgemeine Homœopatische Zeitung, Bd. 106, Nos. 15, 16, 17, and 18.

Health, a Weekly Journal of Sanitary Science. No. 1, Vol. I.

The Diseases of Childhood, with Therapeutic Indications. By Prof. B. F. Underwood, M.D., Brooklyn, N.Y. New York : A. L. Chatterton Publishing Company.

Midland Medical Miscellany, Vol. II., No. 17.

Medical Advance, No. 10.

The Christian, No. 689.

The Monthly Homœopathic Review, May 1, 1883.

National Anti-Compulsory Vaccination Reporter.

Medical Counselor, Nos. 86, 87.

The Medical Call, No. 4.

United States Medical Investigator, April 7, 1883.

#### CORRESPONDENTS.

Communications received

from Dr. Berridge, London; Dr. Pope, Tunbridge Wells; Capt. Barnes, Chester; Dr. John Wilde, Weston-super-Mare; Dr. Thomas, Llandudno; Dr. Carpenter, C.B., F.R.S., London; Dr. A. Midgley Cash, Torquay; Rev. Edmund G. Wood, Cambridge; A. Heath, Esq., London; Dr. Cooper, London; Messrs. Otis, Clapp, and Son, Boston, Mass., U.S.; Dr. David Wilson, London; Dr. Clarence Bartlett, Philadelphia; Dr. Pope, Tunbridge Wells; Dr. John W. Hayward, Liverpool; Alfred Trigge, Esq., Ontario, Canada; Dr. Rollin R. Gregg, Buffalo, U.S.

#### The Homœopathic World.

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Lead Proving, its Application for Lead Poisoning, and its Therapeutical Application.

Chronic Peritonitis with Ascites, followed by Amenorrhœa and Ovaritis—Cured.

The Contagiousness of Consumption.

Notabilia.

Spiræa Ulmaria.

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Syphilinum in Syphilis.

" Dr. Thomas on the Cause of Tuberculosis."

The Bacillus of Tubercle.

Dr. Skinner on Hematuria of Dropsy.

##### REPORTS OF INSTITUTIONS :—

The Buchanan Ophthalmic and Cottage Hospital.

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# THE HOMŒOPATHIC WORLD.

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JULY 2, 1883.

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## THEN AND NOW.

THEN.—ANNO DOMINI 1863.

IN 1863 St. Mary's Hospital was in want of funds, and the Honourable Mr. Byng was chairman of their Board, and he requested Dr. David Wilson, of Brook Street—an out-and-out homœopath—to become one of the stewards at the then approaching annual dinner.

Dr. Wilson showed the letter to Mrs. Gurney, who advised him to accept conditionally if the hospital would set aside ten beds for Dr. Wilson's use, to treat patients homœopathically, Mrs. Gurney offering to subscribe £1,000 through the doctor.

Dr. Wilson made this offer known by letter to the Committee of St. Mary's Hospital, but it was declined.

Why?

Mrs. Gurney then advanced her offer to *six thousand pounds*. Still it was refused.

Why?

Dr. Wilson then made the same offer of *six thousand pounds* severally to *all* the London hospitals in succession. Each one declined!

How virtuous of these various hospital committees so to withstand the homœopathic serpent. But that was in 1863.

However, Mrs. Edmund Gurney became most anxious to have her project carried into effect through Dr. Wilson, and authorised him to ask for the use of fifty beds for three years, which she undertook to support all the time without putting the institution accepting the offer to any expense whatsoever.

In the event of the experiment proving a success in Dr. Wilson's hands, Mrs. Gurney further undertook to endow thirty-one beds in the hospital according to the proposal.

Still the offer was not accepted, although several of the hospitals were languishing for the want of funds; indeed, so short of funds were they, that several of these same hospitals had to shut up entire wards! But that was in the year of Christian grace and human progress, 1863—not in these later days of science and Darwinian selections. Let it be noted that Mrs. Gurney's magnanimous offer would have entailed an expenditure on her part of at least *seventy thousand pounds*. It was declined by all the London hospitals in 1862. And—why? What a terribly redoubtable man this Dr. Wilson must be with his little globules; to think that *one* homœopath could so frighten *all* the hospital men in London. But then that was in 1863. We are not so prejudiced now; *nous avons changé tout ça*, and physicians are physicians in these enlightened days, no matter what their creeds therapeutic. How nice it is to see Sir William Jenner and Dr. David Wilson walking along arm-in-arm across Hanover Square, earnestly bent on curing their patient and doing the right before God and man. How thankful we ought to be that the profession is *now* free from vulgar trades-unionism, and that *now* our metropolitan hospital committees are only too anxious to have their patients *cured* in lieu of leaving them as mere boarders in a medical inn.

#### Now.—ANNO DOMINI 1883.

How refreshing to turn from the narrow bigotry and inhuman selfishness of the barbers and surgeons of St. Mary's in 1863 to the—to the—well, to the following:—

About a month or six weeks ago the *Times* brought a leader on the necessitous condition of St. George's Hospital, and called attention to the fact that a meeting was to be held that day at Grosvenor House, under the presidency of H.R.H. the Duke of Cambridge, to gather pence for the better support of the hospital.

Major Vaughan Morgan read this leader in the *Times*, and forthwith telegraphed to the chairman of the committee of St. George's Hospital, at Grosvenor House, *as follows*:—

"Will subscribe one thousand pounds a year for five years, to be devoted to beds to be given up to homœopathic treatment."

How the great heart of our royal commander-in-chief must have leapt for joy to receive such a noble offer—an offer from a heart more than royal—from a companion in arms blessed with this world's goods as well as brains of his own.

We are, however—and we grieve to say it—debarred from the pleasing office of publishing H.R.H.'s grateful acceptance of this big-hearted offer, and that for the very sufficient reason that Major Vaughan Morgan *received no reply at all*.

As our journal is read in America and other heathen lands where the light of the gospel of regality does not shine, we refrain from any comment upon the conduct of the chairman. *Gedanken sind aber zollfrei*.

All the assembled wealth and fashion at that meeting at Grosvenor House, where the above offer of Major Vaughan Morgan was not even acknowledged, made up their minds to give largely and so save St. George; in all they got together the enormous sum of three hundred pounds!

We are not given to jeremiads, but is not this a melancholy spectacle for 1883 to witness?

The only conclusion for us as homœopaths to draw is that the allopathic sectarians who are in power are purely and simply vulgar medical tradesmen so crassly ignorant of therapeutic science that our work lies quite beyond their ken. In the face of this we must found more *homœopathic* journals, more *homœopathic* hospitals and dispensaries, more *homœopathic* societies, and hit out straight from the shoulder at these enemies of human progress.

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## THE LACHESIS COUGH.

By EDWARD BLAKE, M.D., M.R.C.S., F.B.H.S., Assoc. Sanit. Instit.  
Grt. Brit., Corresp. Member French Hygien. Soc.

LATTERLY I have necessarily spent much of my leisure in public libraries, collecting and collating for the committee appointed to revise the *Materia Medica*. My experience in this way brought me a curious example of the value of *Lachesis*, which may prove of interest to two distinct classes.

First. To those who use that remedy as I do myself, constantly in practice, deeming it of priceless value *within its special sphere*.

Secondly. To another class who, chiefly on *à priori* grounds, and for rather an assumed reason, decline to count it amongst their reliable weapons of war.

My experience came in this wise. I had been using the reference library of one of our large medical schools, and had as a neighbour a young gentleman who was studying the

contents of Scarpa's triangle with praiseworthy devotion. Unfortunately he did not content himself with an unostentatious absorption in the fascinating facts of anatomy, as shown in the triangle too familiar to the bewildered brain of the typical "First-year's Man," but at the same time, with curious punctuality and persistency, he produced every three or four seconds a short, dry, noisy, solitary cough—a cough which stood out in bold relief against the peaceful background of a reading-room.

I endured this for three successive evenings; then, driven to desperation, I sent him a polite note, asking if he would like to be relieved of a symptom which must have been to himself a source of some inconvenience!

He promptly replied in the affirmative. Thereupon, I furnished him with the following prescription:—*R. Pilul. Trigonoeceph. Lachesis* 6, 3jj., *two pilules every hour dry on the tongue.* Underneath appeared the name of the nearest appropriate chemist, with the adjective "HOMŒOPATHIC" "writ large!" None can deny that this was indeed carrying the war into the enemy's camp!

His appreciation of his unknown benefactor was more decidedly shown than I expected; for with the words, "Why that is quite near," he clapped on his hat, shut the large book of anatomical plates with a sigh of relief, and went off to the chemist to get his prescription dispensed.

Next day, at the same hour, I repaired to the same library. There sure enough was the same ingenuous student of the mysteries of human mechanism; but where was the cough? I whispered a tender inquiry after the state of his pharyngeal mucosa. "I have lost the cough, sir," was the subdued yet jubilant reply; "and it had bothered me for two years!"

On my way out the very civil librarian observed, "That young gentleman says he is very much indebted to you, sir, for the relief you have given him, and he would like to know your name; he has given me some of the pills, for I have a cough too, and I think they have done me good." It may readily be imagined that I took the opportunity of earnestly enjoining on that student the duty of adding a knowledge of Homœopathy to his other knowledges.

The worst of it is, he will go about the world for a few months giving, after the manner of his race, everybody *Lachesis* for "a cough," and finding that it is absolutely useless in nine coughs out of ten, he will throw it up in

disgust, saying, as he falls back on morphia and the bromides, "Oh! curious coincidence, that the effect of a confident manner on my *morale*, and of some unmedicated sugar-pellets on my pharynx, should conspire to remove a reflex cough of two years' duration."

Now for my reasons in pitching on *Lachesis* for this dry, constant, resonant cough.

Turning to Allen's Encyclopædia, we read that *Lachesis* is credited with the power of producing in the healthy body the following symptoms:—"Short, incessant, hacking cough;" "Dry cough;" "Cough in the evening;" "Short, hacking cough;" "Incessant, short, hacking cough;" "Dry cough;" "Dry cough in the evening;" "Violent, dry cough in the evening;" "Dry, hacking cough;" "Cough without expectoration;" "Every evening a little, fluttering, nervous cough;" "Tickling cough;" "Violent tickling cough;" "Short, hacking cough, very fatiguing."

## A CASE OF PLEURISY, WITH GREAT EFFUSION INTO THE LEFT PLEURAL CAVITY, AND DISPLACEMENT OF THE HEART TOWARDS THE RIGHT SIDE OF THE CHEST.—RECOVERY.

By A. MIDGLEY CASE, M.D. Ed., M.R.C.S.

THE above case, which interested me much at the time, may be worth putting on record as illustrating what Homœopathy may do in an apparently desperate case bequeathed to us by the allopaths with their customary good wishes.

T. C., aged 14, recently come from Plymouth to stay with relations near Torquay, came to see me, May 24th, 1881. Had been very healthy up till last winter, when he caught a cold, from which a cough resulted, which became chronic and obstinate. Lifting a block of stone about three weeks ago he strained himself. Difficulty of breathing came on, which has since increased, but no pain.

I saw him first at the dispensary. He came into the room panting for breath, and looking very ill. The temperature was 102·9; pulse, 112; sweats freely; cough brings up mucus, but no blood.

*Examination of Chest.*—*Percussion note* over the whole of the left lung absolutely dull; no vocal thrill or resonance.

The side of the chest feels very hot to the hand ; perceptibly more so than the right.

*Auscultation.*—The breath-sounds over the left lung are very feebly heard ; over the right they are exaggerated and harsh. On the left side there is a squeaky, vibrating sound when he speaks. The maximum intensity of the apex beat of the heart is in the epigastrium, and a little to the *right* of this. There is no visible pulsation at the normal apex area, and the sounds are feeble there, while loud at the epigastrium. The appetite is good and functions regular, but he feels himself very ill.

I ordered him *Aconite* 1x, *Arsen.-Alb.* 3x, gtt. 1, alt. 2 h., and told him to remain in bed at home, where I would visit him next day.

May 25th.—I saw him at home. He was staying quite out in the country, in a healthy situation, and in good air. A further examination confirmed the above report. He breathes quietly while in bed, 32 respirations per minute ; must lie on the left side. He had had a good night. Repeat medicine.

May 26th.—I found him lying easily, and had slept well last night ; pulse, 104 ; breathing, 32 per minute. I thought the upper part of the left chest was not quite so dead sounding. Mustard and linseed meal poultice to be applied to left lung. *Aconite* 1x, *Sulph.* 3x, alternately every two hours.

May 28th.—Says he can breathe better ; sweats greatly during sleep ; pulse, 96 per minute. I thought there was more vocal resonance over left lung, though I could discern no vocal thrill. Repeat medicine.

May 30th.—Copious sweating ; resonance louder, but fremitus poor ; breathing feebly. Fearing a change in the character of the effusion from serous to purulent, I inserted the next day a fine Southey's trocar and canula through the seventh left interspace below the angle of the scapula, but no fluid came, adhesions having probably formed.

June 6th.—He is breathing better, and looks a better colour. Percussion note over left lung less absolutely dull. *Sulph.* 3x, *Digitalis*  $\phi$ , alt. 2 h.

June 9th.—His general condition and functions satisfactory ; pulse a little over 80 per minute ; breathing less rapid ; respirations, 24 per minute ; heart getting more back towards the left side ; has been up a little, and finds himself less breathless on exertion ; looks better and cheerful.

On the 13th—i.e., one week after beginning the *Digitalis*, the heart had returned to its place, the apex beat being in the normal position. The sweats are much less; the appetite is good; he feels much stronger, and is walking out a little now.

On July 5th he walked about two miles down to the dispensary to see me. He looks well and strong. There is a little dulness over the left base, where also the breathing is slightly deficient; otherwise, the air enters the lungs well. He has scarcely any cough, and no dyspnoea. Six months' later I find it noted that the physical signs remain much as at last report; but this does not seem to interfere in the least with his health and strength; he can walk six or eight miles without effort. Advised to do work in moderation—he works in his uncle's stone-yard—carefully guarding against cold and its results.

In April, 1833, he came down to the dispensary for some little matters, and really I did not at first recognise him; he had developed into a strong, broad-shouldered, muscular-looking young man. He has excellent health, and is able to do a laborious day's work with any one.

When he was first taken ill at Plymouth he was under the care of his doctor, a scion of a celebrated medical family in the South-West of England. He ordered him to come to Torquay, but told his mother that nothing could save him, he was sure to die.

I advised him, therefore, to call on the doctor and show himself. This he did; but on hearing the treatment under which he had regained his health, he cut him short, and would say no more to him.

One word about the remedies used. From almost the very first I put him on *Sulphur*, for the purpose of encouraging the absorption of the fluid as rapidly as possible, before the lung had got permanently injured by the compression. Certainly under its use the effusion began to diminish in a strikingly short time, and the process appeared to go steadily on.

After the preliminary feverish symptoms were quieted by *Aconite*, I gave *Digitalis* alternately with the *Sulphur*. This was done with the object of strengthening the oppressed heart, and enabling it the better to combat with the disadvantages of external pressure and malposition. Both remedies, which were persevered in for some time, did well; and in spite of the severe pressure to which they were subjected, the heart and lungs both recurred to the condition they were in prior to the attack.

## ON DROSER A ROTUNDIFOLIA.

By DR. USSHER.

MR. HEATH lay under no necessity to misquote me. I never wrote that *Drosera* had no hæmorrhage as yet. I said *no hæmaturia*. Of course Dr. Skinner could not have said anything half so absurd—*nor did he*, but the king can do no wrong, and he who gifted Mr. Heath must be a king amongst men. The next time *Drosera* tincture is in making Mr. Heath has a chance of immortalising himself, and as he was none the worse for what he did suffer, a longer endurance may produce *hæmaturia*—and the cure of the “coo” be amply justified. Should Mr. Heath succumb, his many friends will not grudge him the promotion—say, to “Saint Ebury,” and a stained glass window suitably bordered with *Erica Sanguinaria*, a touching reminder of an irreparable loss. Our worthy brother and capital lecturer Dr. Pope has given me an opportunity to pleasantly differ from him on one little point touching *Euphrasia*, a medicine which, according to Dr. Norton, severely suffers at the hands of routinists. And other remedies might metaphorically wring their patients’ hands at the way they are treated. Dr. Pope, p. 258, says, “When, on the other hand, it is clearly of the syphilitic variety, *or when there is simply a small central ulcer, without any surrounding evidence of inflammation*, corrosive sublimate will probably be the most appropriate medicine.” The italics are mine. In such cases, and recently in “An Eye Case,” reported in my “Notes by the Way,” I have suggested this very transparent ulcer as a keynote to *Euphrasia*, and I have yet to see the one case uncured by it. *Euph.* 6 has always done my bidding. No doubt there are other roads leading to the same end. Hence it is that *Calc.-Carb.* always benefits, and so does its near neighbour *Silicea*, of which Dr. Skinner’s case is proof, p. 254. Wharton Jones’s description is exact, the ulcer is seen only as light is reflected on it. I cannot cure them in the heigh-presto style of our friend, though I incline to the belief that the disuse of the glasses was a help to the *Silicea*. Of this I feel certain, that the semeiology of disease, if rightly interpreted, is worth all the “scopes” that ever were invented. I have just come out of an attack of gout in both feet at the same time in little over a week, helped vastly by an enforced rest in bed. Preferring the “Delusive Homœopathy,” I asked my kindly and ever-ready neighbour Shuldharn to help me, and right genially and cleverly he did so. Ah! there is nothing like



an "experienced" physician, one of the right sort, not an arch high humbug who descants only on his ineffable greatness. Never did a little bit of physic come more gratefully to me. We did not dilate on its fifty days' duration, but were glad when hours brought relief to pain, anxiety, and care, and I should be an ungrateful reader of the *Review* if I did not chronicle the fact that to the prompt exhibition of *Bryonia* & as suggested in Dr. Pope's article, in an excerpt from Dr. Price, I owe my ease. That little bit of proving shows the value of close sailing and interpretation of the remedy. In a fortnight from the first pain I was out again driving, revived and thankful for "Delusive Homœopathy"—thankful that Homœopathy is ostracised by the few who say they only are Hahnemannians and do lie. These mud-pelters of their brethren! I would rather drop the name of Homœopath and stand in allopathic ranks with liberty to do as I pleased than set forth a case that only summons up *their* scorn and *our* laughter.

## TWO CASES OF ACUTE RHEUMATISM CURED WITH LAC CANINUM.

BY PAZ ALVAREZ, M.D., Madrid, Spain.

(1) MR. R., æt. 46, very psoric, lymphatic temperament, stout, moderate stature, gastro-hepatic idiosyncrasy, of good way of life and of irreproachable habits, had suffered on several occasions from muscular rheumatic pains, which yielded to *Bry.*, *Rhus*, and *Merc.-Sol.* selected according to the characteristic symptoms.

At the beginning of December, 1882, he began to complain of bruised pains in the soles, making it difficult to walk. *Arnica*, *Bry.*, and *Rhus* were given without result. In twelve days the pains suddenly left the soles, and appeared in the right knee-joint, being smarting, lancinating, with light swelling of the joint; he could not move the affected limb, as the least motion increased the pains, as did also touch and the pressure of the bedclothes. On the following day the left knee-joint was affected in the same way, the right becoming markedly relieved; but on the ensuing day the right was again affected, with relief of the left. Afterwards the hip-joints were attacked alternately with the same symptoms which had affected the knee-joints, alternating like these in the pains and swelling, the left joints being

aggravated one day with relief of the right, and *vice versa*; also lancinating pains appeared in left side of chest. After four days the wrist-joints were also affected, first the right, with the same symptoms as those of the lower extremities, the symptoms of one side of the body alternating with those of the other. The patient was not able to move himself in bed, the lancinating pains made him cry out continually; there was constipation, sleeplessness, but no fever; the pains and swelling were aggravated every evening, and especially at night, by movement, the effort to move himself in bed, by touch, and by the pressure of the bedclothes.

*Bry.*, *Rhus*, *Puls.*, *Merc.*, *Caust.*, and *Rhod.* gave no relief, but he became worse from day to day. In studying the case I examined the pathogenesis of *Lac Caninum* published in *The Organon* by Dr. Swan, of New York, and Dr. C. Lippe's very similar case published in the same journal. The symptoms of my patient were unquestionably those of *Lac Caninum*, the only remedy yet known to have that peculiar alternation of sides in rheumatism and diphtheria, *one side being attacked, then the pain leaves it and affects the other side, and so from side to side, only one side being affected at the time.*

I had written to my illustrious colleague, Dr. Berridge, of London, for this remedy, and had received from him the CM (Fincke) potency. I dissolved some globules in half a glass of water and gave a teaspoonful every three hours. The action of the medicine was astonishing; the patient slept well that night for the first time after many nights of wakefulness; and the next day, that side of the body which would have been attacked had the disease continued its former course, remained free as on the former day. The peculiar alternation of sides appeared no more; the pains and swelling disappeared; the patient was perfectly cured in four days after commencing the *Lac Caninum*, and has remained well ever since. The first day he took the medicine every three hours, the second every four, the third every six, and the fourth every eight hours.

(2) Mrs. C., æt. 56, obese, lymphatic, psoric, feeble constitution, short, had suffered for about four years with severe muscular rheumatism, treated allopathically. At the beginning of January, 1883, she was attacked with articular rheumatism in the right hip and knee joints, especially the former. When she sent for me she had been ill two days. She was seated in an arm-chair, unable to move; she com-

plained of bruised, smarting, and lancinating pains in both joints, and in the lumbar region; fever; pulse 116, temperature 39 (Centigrade).

I ordered her to bed, dissolved some globules of *Acon.* 200 (Jenichen) in half a glass of water, and gave a teaspoonful every four hours. Next day the fever had gone, pulse 84, temperature 37, but the pains and swelling of the joints remained the same; the pains aggravated by the slightest motion, at night, by touch, and by the pressure of the bed-clothes; there was also very much thirst. I prescribed *Bry.* 200 (Jenichen) to be taken in the same manner as the *Acon.*

Next day I found the pains and swelling had gone to the left hip and knee joints, leaving the right almost free; there was now no thirst, and as she was complaining, moaning and sighing so much on account of her sufferings and the termination of her illness, I prescribed *Puls.* 200 (Jenichen) to be taken in the same way.

Next day I found the pains and swelling had almost entirely disappeared from the left hip and knee joints, and had again attacked the right knee and hip. I now dissolved some globules of *Lac Caninum* CM (Fincke) in half a glass of water, and gave a teaspoonful every four hours. The action was still more rapid than in the first case. In twenty-four hours the expected transference of the symptoms to the opposite side had not taken place, and in forty-eight hours she was well, and has remained so.

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## DR. CARPENTER AND VACCINATION.—A REPLY.

By ALEXANDER WHEELER.

LET us, before replying thereto, shortly examine the assertions of Dr. Carpenter. The paper was written because it was proposed to repeat the compulsory clauses of the Vaccination Acts. These compulsory clauses Dr. Carpenter wishes to maintain. He declares (p. 16) that they "have restrained within narrow limits an epidemic (small-pox) whose virulence among the unprotected populations of Borneo, etc., shows it to be no less deadly than that which ravaged most of the countries of Europe in 1614, even more destructively than the plague." What this mortality in 1614 was he does not tell us. But in 1660 to 1670 the mortality of plague was 1,225 per hundred thousand living, and that of small-

pox was 417. Nor has small-pox exceeded that figure often since that time. And when it has—1,771 to 1,780, when it was 502; 1,728 to 1,757, when it was 426—it was only because it was specially propagated throughout the population. On page 5 Dr. Carpenter argues that no reduction of small-pox is due “either to any mitigation of the type of the disease, or to a general improvement in the health of the population.” But what of the disappearance of the plague? Is it not because of the general improvement in the way of living, in the habits, lives, food, and clothing of the people, that plague has disappeared? It cannot be due to vaccination; it cannot be due to any other inoculated specific; and yet it has gone! Sweating sickness and other diseases have gone, and the general improvement in the lives and habits of the people has banished both. Thus we come to an old contention with the learned doctor. He will not have it that the improvement in the case of small-pox is due to improved manner of living, because it is necessary to his contentions to have it due to vaccination. To this we reply that, if it was due to vaccination, we should only see small-pox attacking what is often called the “unvaccinated residuum.” That it does not do so is of course notorious. In every epidemic attack the bulk of the victims are vaccinated. Out of 46,153 cases I have culled from hospital reports for recent years, only 8,084 are returned as “unvaccinated.” It is the same everywhere. The bulk of the patients down with small-pox are vaccinated, be they in Europe or America. It is, therefore, manifest that we need not hesitate to believe that, if great social improvements have banished one or more common and very fatal diseases, they may be able if perfected to banish small-pox. And we may also believe that any reduction of disease in one of the “zymotics” only need not be taken out of the list because of Edward Jenner. The *reduction* of small-pox is not, however, so very clearly made out after all. Dr. Carpenter’s “graphic arrangement” on page 3 does but serve to show that the years 1870-74 were not years of reduction, but of growth of small-pox. Was that due to lessened vaccination? It was certainly not. And yet it was a widespread and general increase of small-pox. England, France, Germany, Russia, Italy, America, all witnessed the remarkable growth of small-pox coincident with increased regard to Jennerian doctrines. And any decrease of Jennerian sway is due mainly to the utter breakdown of Jennerian protection then witnessed by hundreds of thousands of persons everywhere.

This brings us to Dr. Carpenter's, Dr. Ballard's, and the now generally adopted grand apology for this breakdown. They admit, as candid and honest men, the breakdown before this tremendous strain. Vaccination, they admit, was not equal to the strain. Let Dr. Guy explain their position. He says "while vaccination does not protect in epidemic years, it does effectually guard against attacks of small-pox in all other years." Dr. Ballard described the 1871 epidemic as of the "most ferocious and exceptional character." And Dr. Carpenter says that this "epidemic originated in the incorporation of a type of small-pox which has not prevailed in this country during the present century, but was often mentioned in the medical history of the preceding 200 years as the 'malignant,' bearing the same relation in severity to the confluent that confluent bears to the mild" type of the small-pox. Let us then examine this contention. Albeit I fail to see any value in vaccination if it does not prevent the same from becoming epidemic; albeit I fail to see any value in it if it protects when small-pox is doing no harm; albeit we can discern no value in a "modifier" which does not modify; yet from their own assumed position let us examine their own contention. Did the epidemic of 1870-73 assume an unusually ferocious form? Did it bring a type not known before for so long a time? Does vaccination protect in non-epidemic years?

To all these questions we answer, No!

As to the character of the disease. Small-pox is, roughly speaking, of three types—the mild, the confluent, and the malignant—a subdivision of the confluent. The first, the mild, is rarely fatal. Isaac Massey,<sup>1</sup> of Christ's Hospital, says, "Of the small-pox, though some hundreds have been down of it, but one in eight years past have died of it, and that child, too, was a surgeon's patient before the distemper took him." And Isaac Massey is followed by W. Wagstaffe, M.D., F.R.C.P., F.R.S., 1,722, who says, "The type depended on the condition of the patient." They are words full of wisdom, and would be well not forgotten. "But the symptoms are more or less, and the distemper appears in a greater or less degree, according to the state of the blood at the time of infection. If the blood is in such a condition as to be extremely susceptible of contagion, the small-pox may prove of the confluent kind, and be attended with the worst

<sup>1</sup> "Short and Plain Account of Inoculation." By Isaac Massey, London: 1722.

symptoms; but if there is little or no such disposition in that fluid, the disease may be next to nothing, or of the distinct sort—mild and easy, and carried off with a slight regimen, and perhaps without medicine" (page 8). And he goes on: "There is scarcely, I believe, so great a difference between any two distempers in the world, as between the best and worst sorts of small-pox in respect to the danger which attends them."

"So true is that common observation, that there is one sort in which a nurse cannot kill, and another which even a physician cannot cure." Dr. Carpenter tells us: "It is the frequent occurrence of this form, among the unvaccinated, since 1870, which has raised the total proportion of deaths in that class in the small-pox hospitals of London to 45 per cent. of the cases."

Let us to facts to settle this contention. Were there more bad cases in the 1871 series than in others? There were not.

Hospital.	Year.	Percentage of bad case to total cases.
Dr. Gregory's ... ..	1838 ... ..	50
Mr. Marson's ... ..	1836 to 1851 ... ..	51
Fulham ... ..	1880 ... ..	47
Hampstead ... ..	1876 to 1878 ... ..	45
Fulham ... ..	1881 ... ..	37
Homerton... ..	1871 to 1877 ... ..	34
Deptford ... ..	1879 ... ..	28
Stockwell ... ..	1879 ... ..	15

It only remains to see if these bad cases are unvaccinated.

Hospital.	Year.	BAD CASES.	
		Vaccinated.	Unvaccinated.
Dublin ... ..	1876—80 ... ..	678 ... ..	277
Homerton ... ..	1871—7 confluent ... ..	365 ... ..	663
Homerton ... ..	1876—7 malignant ... ..	30 ... ..	10
Deptford ... ..	1878—9 ... ..	309 ... ..	162
Fulham ... ..	1878 ... ..	150 ... ..	113
Hampstead ... ..	1876—8 ... ..	854 ... ..	647

N.B.—Many of the reports do not make any such division, and cannot be included.

Are the unvaccinated only attacked in non-epidemic years? The "no statement" deaths are all the deaths in some counties.

England and Wales.	Small-pox Deaths.	Vaccinated.	No State-ment.	Unvaccinated.
1879 ... ..	536 ... ..	117 ... ..	188 ... ..	231
1880 ... ..	648 ... ..	121 ... ..	245 ... ..	282

What does Dr. Carpenter think of this table? I do not think he has gone carefully over the reports themselves.

Some one has given him to understand as he has stated his case. We have now seen that the proportion of bad cases was not larger in the epidemic of 1871 than in some other years before and since; that it had in the type nothing new; and that the vaccinated were the bulk of the bad cases. One more test. If the epidemic of 1871 was so "ferocious," the effect should have been shown in the national mortality bills. Here again we find nothing of the kind. Just as 100 cases of small-pox in 1723 to 1779 were not more fatal than in 1871, so the presence of small-pox did not increase the national loss of life.

In 1634, in London, 1,354 persons died from small-pox; deaths from all causes, 10,865. In 1636, only 127 persons died from small-pox; deaths from all causes, 23,382. In 1751, 998 died from small-pox; all causes, 21,028. In 1752, 3,538 died from small-pox; all causes, 20,485. In 1871, 1,024 died from small-pox; all causes, 22,622 (per million). In 1875, 40 died from small-pox; all causes, 22,822 (per million).

These figures conclusively disprove the "ferociousness" of the 1871 epidemic, and they completely refute any notions of benefit to be derived from national vaccination.

But Dr. Carpenter, knowing perfectly well that only infant vaccination is enforced by law, proceeds to demolish his own structure by implying that this infant vaccination is not worth much. On page 8, he tells us re-vaccination is necessary; quotes French and German army cases and hospital nurses. I have been in correspondence with him on the French cases, and will not allude to the figures here, as I have not satisfied myself about them. But his reference to Dr. Léon Colin, in the *Daily News*, induced me to read that author; and Dr. Colin happens to have had "nurses" living in the very centre of one of the largest hospitals for small-pox in the 1871 epidemic in besieged Paris, and this is what he says of them.<sup>1</sup> "Nous avons démontré, en duxième lieu, que le personnel hospitalier de Bicêtre a été peu éprouvé par la variole, d'ont il ne s'est manifestée aucune atteinte parmi les quarante médecins et pharmaciens attachés à l'établissement, ni parmi les quarante religieuses qui soignaient nos malades nuit et jour, et qui habitaient le centre de l'hôpital; grande nombre de ces personnes, cependant, n'avaient point voulu céder aux conseils que je leur donnais de se faire revacciner." Thus his nurse argument becomes, by

<sup>1</sup> "La Variole par Leon Collin." Paris: 1873, p. 114.

evidence of Dr. Carpenter's own witness, merely negative; and the 263 German soldiers were re-vaccinated, so we have Dr. Carpenter furnishing 263 arguments against re-vaccination. How many cases of small-pox did these 263 represent? If we take our last navy report,<sup>1</sup> we get 12 per cent. for our guide to the cases, which will give us 2,191 re-vaccinated German soldiers ill of small-pox. But Dr. Carpenter's authority, Dr. Colin, gives positive information. The ages 20 to 30 yielded the largest percentage of re-vaccinations, and these same ages give the greatest fatality by small-pox in the city of Paris. The success of re-vaccination was equal to other European nations, and yet there were 3,077 cases of small-pox in the regiments he enumerates which were treated for small-pox in Paris during the siege. Take the navy health report again. The mean annual death-rate by small-pox in London from 1877 to 1881 was 392 per million. In this navy report it was 563 per million! So much for re-vaccination.

I cannot follow Dr. Carpenter round the world. He was very greatly in error in quoting the Ceara fable, and dropped it. I fancy the same result would come of close investigation of some of the extremely curious stories furnished to him of other remote parts of the world. England originated the delusion; English experience, easiest to obtain the results of, should be sufficient. But, before I conclude, I should like to allude to the huge mortalities of the unvaccinated he and others so often quote.

We have proved in several instances, at Leeds, at Preston, etc., how inaccurate are the *hospital reports* in using the term unvaccinated. Dr. Colin himself tells us how unreliable is such a guide (p. 111): "The great number of entrances [3,092 in six months] rendered it impossible to give regular information in respect of each of the sufferers, as to the presence or absence of vaccine marks; this information, moreover, is far from easy to give in the cases where the sufferer is in full eruption;" and he goes on to say that for this reason he seeks in other considerations for arguments in favour of vaccination. Dr. Russell, Glasgow Hospital Report, 1873, tells much the same thing; and Mr. John Pickering, of Leeds, gives information<sup>2</sup> that Mary Walker and many others were returned as "unvaccinated," and were found on inquiry to have been vaccinated, and

<sup>1</sup> "Navy Health Report, 1881." No. 364.

<sup>2</sup> "The Statistics of the Leeds Small-pox Hospital exposed." Leeds, 1876.



some re-vaccinated. At Preston Fulwood Hospital eleven deaths were given as "unvaccinated;" six proved to have been vaccinated, two unvaccinated, and three were doubtful. But in the hospital it is the rule to enter none of the cases as vaccinated (many of the worst cases having the skin in full eruption on entry) unless marks are visible.<sup>1</sup>

What have we discovered in Dr. Carpenter's case? We find nothing to favour compulsion. Vaccination fails in non-severe, non-epidemic, as in epidemic years; the bulk of the patients are always the vaccinated. Vaccination failed signally in 1871, not because the disease was imported from abroad, nor because it was peculiar. The type and the severity were nothing new or special.

And now let me ask Dr. Carpenter why he does not do justice to his own case by telling the great public who read his words where mine are but a distant or unnoticed plaint; why does he pass over and try to slur the case we have against vaccine for injuries it has done? We have Dr. Carpenter using his celebrated name and undoubted influence in favour of vaccination—in favour of compulsory re-vaccination one would almost suppose—and yet he has nothing to admit of errors and dangers in the past. Are Lancereaux's 258 cases of vaccino-syphilis nothing to him? Can he read unmoved the sad history of the 58 young fellows in Algiers recently syphilised from the child of a Spanish woman? Does he ignore the statement of Dr. Hutchinson that care would not have avoided the cases he reported to the 1871 committee? Can he refuse to believe, as Dr. Ballard put it, that more were unheard of, but none the less real? Does not Depaul's fear affect him? and is it nothing that the English Government's Calf Vaccine Virus Director has deplorably injured himself because such men as Dr. Carpenter pooh-pooh the danger as infinitesimal? Dr. Carpenter's name and influence, the respect in which he and his medical brethren are held who uphold vaccination, will always be sufficient, while such are found, to keep the practice going and perpetuate the Jennerian delusion. Is not this enough? Must they outrage our parental instinct, invade our homes, ruin some of our children's healthy frames, injure our reputations, and the health and strength of many a bread-winner by gaol treat-

<sup>1</sup> Out of 46,153 cases I have tabulated from Small-pox Hospital reports, only 553 are given as "doubtful."—A.W.

ment? It is inconceivable to me, as I have often said, why this compulsion should be thus supported?

Diseases have been banished against which no specifics other than more wholesome food, homes, work, clothing, and manners have been used.<sup>1</sup> The reeking houses and foul streets, the bad food and vile clothing, the soaked ground and odour-laden yards have given way to a social, municipal, and national cleanliness and comfort unheard of and undreamt of in "1614;" and yet before the one zymotic of the list all this is to go for nothing? No! it can never go for nothing. It goes for much. We are grappling successfully with the dread monster disease, and we shall, we hope, succeed in robbing him of many more victims. We wish to see prudence, care, and cleanliness in the home; we wish to see regard for parental right not frowned down by, but strongly supported by national zeal; and, in our battle with life's enemies, we do ask the assistance and not the discouragement of such worthily-honoured names in science as Dr. W. B. Carpenter.

Darlington, 10th June, 1883.

### NOTES ON ARALIA RACEMOSA.

By CHARLES LLOYD TUCKEY, M.B., Assistant Physician to the London Homœopathic Hospital.

It is now two or three years since my friend Dr. Burnett first called my attention to the proving of *Aralia Racemosa* and its curative action in certain forms of cough. During that period I have given the medicine in perhaps fifty cases, including hospital and private practice, and when the symptoms indicate it I feel ready to "bet" on its effect. This is a highly unscientific and illogical way of expressing one's convictions, of course; but as most people speak of medicine as an uncertain art, and our opponents attribute our cures to chance, it is allowable to state one's opinion backed by what with many is the final and strongest argument.

In my experience, which thoroughly bears out the proving, the kind of cough cured by *Aralia* is this: The patient is generally quite free from bronchial or throat symptoms during the day, though there is sometimes a slight hoarseness, and goes to bed feeling quite comfortable. There is no

<sup>1</sup> "Zymotic Diseases," by A. Wolff, F.R.C.S., p. 111, etc. Churchill, 1872.

cough on lying down, and he falls asleep naturally. After a variable time, however, he awakes with a tickling in the throat and a feeling of constriction in the chest, which compels him to sit up and cough violently. The paroxysm of cough lasts a few minutes, and may be dry or may end in a little thick phlegm being brought up. Then all is again quiet and comfortable, and may remain so during the rest of the night, though there may be two or more such awakenings before morning.

It is most desirable that, where possible, we should be able to trace symptoms to their pathological cause, and as the seat of irritation is evidently in the larynx and throat, I have in several cases made a laryngoscopic examination, with a view to finding any variation from the healthy standard to account for the phenomenon. In nearly all the cases there has been congestion of the vocal cords and ventricular bands, though in many instances not sufficient to produce any marked alteration in the voice, and the mucous membrane generally has been what is commonly called relaxed. The attack of coughing may therefore be explained in this way: The glands of the congested membrane secrete a little thick mucus, which is easily disposed of in detail by hawking or swallowing during the day, but which, accumulating during the night, and coming in contact with the sensitive parts of the larynx, excites a reflex spasmodic cough in order to get rid of the irritation. *Aralia*, by its action on the affected parts, relieves this congestion and consequently removes its effect. I give this explanation for what it is worth; the value of the remedy is, of course, independent of its validity.

The following is a typical example of its use. Miss H. C., æt. 23, has always been delicate and has suffered especially from coughs and laryngeal attacks—hoarseness, loss of voice, etc. She is also credited with having had pneumonic abscesses at different times. On the 3rd of last month she apparently caught a cold, and I was sent for the next day. I found there was no fever, no pain in the chest, and no symptoms pointing to pulmonary trouble; but the throat was somewhat tender externally, and examination of it with the mirror showed diffused congestion of the pharynx and uvula, and a slightly œdematous and reddened condition of the epiglottis and of the false cords; the vocal cords being apparently normal.

The voice was slightly husky and was lost for singing purposes, and there was a feeling in the throat as though a

foreign substance were there. There was frequent cough with almost no expectoration, and this was equally bad by day as by night. She had been taking *Aconite* and *Belladonna* on her own account for twenty-four hours before my arrival. From the appearance of the throat I thought *Apis* strongly indicated, and having prescribed it in the third dilution, was gratified by finding on the following day that the visible congestion had subsided considerably. The medicine was continued for two days longer, but no further improvement followed its use, and it was discontinued. The only troublesome symptom then remaining was a nocturnal cough, which came on exactly in the way I have described, and which made the patient feel extremely ill during the day in consequence of the loss of sleep it occasioned. For two nights, then, this occurred, and on the third day I gave *Aralia* 3x with the feeling of confidence which experience justifies. That night was passed without cough, so were all that followed, and the cure was complete. This young lady's coughs, as I had found to my cost, were very hard to deal with when they got a start, but this one yielded at once to the *simillimum*.

In most of the cases in which I have found *Aralia* useful, careful examination of the lungs could detect no disease, but I have notes of three cases of undoubted pneumonic phthisis in which the cough was of the *Aralia* character, and where it immediately relieved the night symptoms and enabled the sufferers to enjoy their night's rest better than they had done for months. In fact, whenever this medicine is indicated by the peculiar group of symptoms referred to it may be given with perfect confidence, showing the superiority of symptomatic over purely pathological signs, though with increased knowledge the time may come when the two will be correlative, and medicine thereby be constituted a perfect science.

## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF RANUNCULUS.<sup>1</sup>

By ALFRED C. POPE, M.D., late Lecturer on Materia Medica at the London School of Homœopathy.

THE *Ranunculus bulbosus*, or bulbous crowfoot, is found in meadows and pastures over the greater part of Europe. For medical purposes it is collected in the early summer, during

<sup>1</sup> A part of a lecture delivered at the London School of Homœopathy.

flowering time, and the entire plant is used in the preparation of a tincture. The *R. scleratus*, or marsh crowfoot, another member of the family of Ranunculaceæ, is also used in medicine. It is found at the sides of ditches and pools over nearly the whole of Europe, and is common in England. It is collected during the summer when in flower. Another member of the same family, the *R. acris*, has been slightly proved by Dr. Lembke, of Riga.

The physiological action of all three plants is so very similar that I shall content myself with referring to the *R. bulbosus*.

The original experiments made with this plant were conducted by Dr. Franz, and have been translated from Stapf's *Beiträge* for the appendix of the first volume of the *British Journal of Homœopathy*. These, with other observations derived from experiments with this plant, are collected and arranged in Allen's *Encyclopædia*.

It is on the nervous and muscular systems, and on the skin, that the action of *Ranunculus* is chiefly expended. It is in some forms of headache, in rheumatism of the chest walls, and in some shingle-like eruptions, that its curative power will be found to be chiefly available.

The febrile condition it excites is by no means considerable. Such as it is, it finds expression in chilliness, and this, in two or three instances, is noticed as being most perceptible on the chest. Thus we find in the pathogenesis such symptoms as "unusual chilliness in the outer parts of the chest, when walking in the open air, in spite of being clad more warmly than usual." The sense of heat which follows is but imperfectly developed. It is described as "Heat in the face in the evening, especially on the right side, with cold hands, quick pulse, and eructations;" "Heat in the face in the evening and redness, with internal chilliness." These symptoms resemble that kind of sympathetic fever met with in cases presenting rheumatic pains in the chest and extremities similar to those *Ranunculus* excites. But they may at times be useful in some of those anomalous cases met with now and again, the symptoms of which are more or less inexplicable from a pathological standpoint—cases in which the value of Homœopathy stands pre-eminent, cases in which we can have no possible guide to prescribing but the symptoms as detailed by the patient. Of such the following recorded by Dr. Burnett (*British Journal of Homœopathy*, vol. xxxiii, p. 730) is a striking example. The patient

was a woman thirty years of age, a teacher in a school. Two years and a half previously to Dr. Burnett's seeing her she had a fall, from the effects of which she was for some time under medical care. Ever since the accident she had had the following peculiar sensation. Whenever she goes out of doors she experiences a sensation as if she had wet cloths applied to three different parts of the anterior wall of the thorax—viz., in both infraclavicular fossæ, and just under the left breast. She has had this feeling nowhere else, and only when she goes out of doors. Indoors she never feels it, but she cannot go out without getting it at once. She calls it her *cold-water feeling*. It is constant as long as she is out of doors, and disappears immediately on going into the house. Walking about in the house never brings it on. She says it makes her life a perfect misery, and prevents her even from conversing with any one who may happen to be out with her. "On studying the *Materia Medica*," writes Dr. Burnett, "I find in the proving of *Ranunculus bulbosus* that many symptoms occur 'in the open air' and 'when walking in the open air;' and the last symptom under chest reads, '*Unusual chilliness of the outer parts of the chest when walking in the open air.*' I therefore concluded that *Ranunculus bulbosus* was a *simile* of her case." A week later she reported that two days after beginning to take the medicine the cold-water feeling under the clavicles and left breast ceased entirely; and calling again three weeks afterwards, she stated that this painful and troublesome sensation had not reappeared, and that her general health was much improved.

This case is instructive, not only as indicating an application of the medicine we are considering, but as showing you how you may find a medicine to cure a condition to which no pathological hypothesis would suggest a remedy—by "studying the *Materia Medica*." Suppose you begin by relegating such a case to the categories of hysteria, spinal irritation, or hyperæsthesia of the intercostal nerves—which would have suggested *Ranunculus*? Neither. This patient found relief by simply having her symptoms compared with those produced by drugs, and that found which produced such as were most *like* those from which she suffered. A pathological basis of therapeutics in such a case is useless—"symptom covering," however mechanical, most effective.

To proceed with our medicine. During the experiments that were made by Franz and others, a good deal of irritability of temper, fretfulness, with incapacity for thought or sustained attention, were noticed.

The headache produced by *Ranunculus* is characterised by vertigo and a sense of distention in the head. Pain is especially felt over the right eye; it is aggravated by lying down, relieved by walking and standing, and attended with heat in the face and cold hands. A good deal of pressive pain is felt in the forehead, and also in the temples and vertex.

While these and other symptoms would seem at first sight to indicate a headache of a congestive type, when considered in connection with such as occur in other parts of the body, it is probable that it is rather one of a rheumatic character that *Ranunculus* will benefit. And yet again, when we reflect upon its action on the skin, its well-marked power to produce a shingly eruption, and then think of the supra-orbital pain it excites, the type of headache may be regarded as neuralgic. Drs. Allen and Norton ("Ophthalmic Therapeutics," p. 112) state that they found it indicated and brilliantly successful in one case of supra-orbital herpes-zoster, with bluish-black vesicles, high fever, and pain. Dr. Markwick also (*Monthly Homœopathic Review*, vol. xv., p. 64) states that he has found it very beneficial both for the eruption and accompanying intercostal neuralgia of shingles.

The eyelids become somewhat swollen and red, while there is a sensation of burning soreness in the right lower eyelid and in the outer canthus. The eyeballs ache, and are the seat of violent pressive pains. This is remarked by several provers.

The only recorded clinical utilisation of this part of the proving that I am aware of consists of two cases of hemeraptopia quoted from Billig by Allen and Norton. One patient was a woman, thirty years of age, who became night-blind during her seventh month of pregnancy. There were heat, biting, and pressure in her eyes; the lids and conjunctiva were slightly red, with lachrymation, and a little pus in the angles of the eyes; a dull appearance of the eyes, with dilated pupils. She was quite cured by *Ranunc.* 1. A second occurred in the son of this woman, four years of age, who became suddenly night-blind. Only slight dilatation of the pupil was present in this case. Here, too, *Ranunculus* relieved. I should suppose that in these cases Billig was directed to the *Ranunculus* by the pressive pain in the eyeball which marked the first case. There is no indication in the proving that vision is disturbed, beyond one which notes a "mist before the eyes coming on immediately."

A certain amount of nasal catarrh, followed by soreness and dryness of the nose, also results from *Ranunculus*, but rather from direct irritation of the vapour of the juice than from any constitutional action of the drug.

The salivary glands are irritated, giving rise to an accumulation of saliva in the mouth and of tenacious mucus about the throat. There is also a bitter pungent taste in the mouth, and a rough burning sensation about the throat. Thirst is increased, eructations and hiccough are frequent, and there is a good deal of nausea, especially in the evening, associated with pressure on the sternum and laboured breathing; pressure and soreness at the pit of the stomach when touched; and, in one instance where four persons had eaten the root of the *Ranunculus* boiled in chicken broth, there was violent burning in the region of the cardiac orifice of the stomach.

These and many similar symptoms indicate a catarrhal-like condition which may be utilised in some cases, but the number of drugs producing a like state, and in a much more definite manner, is so considerable that *Ranunculus* has rarely, if ever, been used in either general or gastric catarrh.

Colic-like pains, and pinching around the umbilicus, and indeed over the entire abdomen, are frequently noted. They are attended by similar burning and sore pains in the same parts, and a good deal of flatulence.

In the region of the liver we find a bruised pain recorded, with stitching and pressure arresting the breathing, and pain in the right shoulder. Pinching and stitch-like pains are felt also in the hypogastrium, and a pain is described as proceeding from the spinous process of the right ilium to the flank. The stools are delayed and dry and hard.

These pains are, I think, of the myalgic order. They are in all respects similar to those met with in the muscles of the chest, and point to *Ranunculus* as a remedy in rheumatism of the abdominal walls, and to colic occurring in rheumatic subjects, rather than to such as arises from indigestion or similar causes.

It is in the chest that the most marked phenomena of the action of *Ranunculus* are observed. There is, it may be noticed, very little cough produced by it, but nevertheless great oppression of breathing. The following symptoms have been repeatedly noticed, and may be regarded as characteristic of the action of the drug:—"Oppression of the chest when walking or going up hill." "In the evening,



when walking or standing in the open air, or in a room, he experiences a pressure and tightness across the lower part of the chest, with fine stitches which seem to be felt in the outer parts of the chest first, but then extend deeply into the chest, now in the right, now in the left side, increased by moving, stooping, or taking a deep inspiration." "Pains in the chest, stitches in the right side, and pressure in the middle of the chest, continuing uninterruptedly almost all day, with painful inspiration." "Constant pain in the chest the whole afternoon, mostly in the left side, and partly as if in the pectoralis major, where a rheumatic pain is felt when turning the body, as if there were subcutaneous ulceration; at first, the pain is felt externally, afterwards it seems to recede to the internal and posterior surface of the sternum and the pit of the stomach; the pain frequently disappears, and gives place to an aching, as of subcutaneous ulceration below the liver, in the right lumbar region; the pain is frequently preceded by a bitter pungent taste in the mouth, and a necessity to hawk." "The pain extends from the left to the right side of the chest, the sticking pain being felt in both sides of the chest at the same time, though he is able to take a deep breath while bending forward in the forenoon." "Pain in the chest as soon as he wakes in the morning, as if the parts were bruised, and stitches in the left side above the nipple in a space the size of the hand; worse during contact and motion, every day for eight days past." "Violent sticking in the right side of the chest in the region between the fifth and seventh ribs, arresting the breathing, with stitches and pressure on the top of the right shoulder while walking." "Painful soreness of the short ribs of the left side, especially when moving the trunk, for several days." "In the forenoon, when walking or standing, he feels a pain as if bruised, or as of subcutaneous ulceration in the region of the left lowest true rib, accompanied with mild stitches." "Pain in the region of the pectoralis major, near the axilla; worse during every motion."

In the nape of the neck an aching, rheumatic-like pain is felt. The back feels bruised and weak; aching and sticking pains are observed between the scapulæ, and also in the lumbar region.

On these symptoms one or two remarks will perhaps facilitate your recollection of them.

1st. As I have already noticed, they are not associated with cough.

2nd. With all there is a marked impediment to breathing.

3rd. They are all aggravated by moving.

4th. The kinds of pain are pressive, bruised-like, sore, aching, or sticking.

5th. They are noticed on both sides of the chest.

6th. The pectoralis major is the muscle which is most frequently noticed as the seat of pain, especially of the sticking pains.

They resemble, therefore, the rheumatic, myalgic, and neuralgic pains in the chest occasionally met with in practice, and in their treatment few medicines have been more successfully used.

The following case reported by Dr. Dudgeon in the *British Journal of Homœopathy*, vol. xxiv., p. 160, is an excellent illustration of the pleurodynia in which *Ranunculus* is indicated:—"A lady, æt. 27, had been confined three weeks when she went out for a drive. The day was cold, and during the drive an accident occurred to the carriage which frightened her considerably. In the evening she had a slight rigor, and complained of pain in the left side about the sixth and seventh ribs. The pain increased during the night and on the following day. I saw her in the evening of the second day. She was sitting rather bent forward in bed, and leaning towards the left side. The slightest motion caused her intense pain, like a knife thrust into her side and through to her back. The pulse 120, small, no heat of skin. She had been taking *Bryonia*. I carefully examined her chest but could detect no signs of pleurisy. The intense dread of any movement, which caused a renewal of the sharp stabbing pain, the relief felt by a position that relaxed the intercostal muscles of the affected side, the dread of taking a full breath, and the absence of febrile and auscultatory signs, convinced me I had to do with a case of pleurodynia or rheumatic affection of the intercostal muscles. I prescribed *Arnica* 1 every two hours. The following day the symptoms were as bad as before; in fact, they had not altered. She had been unable to lie down for a moment all night, and at my visit she was propped up with pillows, so that she leaned forward and to the left side, her head resting on her breast. She could hardly bear me to touch the affected side, and screamed if she had to perform the slightest movement. The pulse was still 120 and weak; she was much exhausted by the want of sleep and the awkward position. She was afraid to breathe at all deeply, as that gave her the same pain in the

side. With all these symptoms there was no heat of skin, no auscultatory signs; she could eat pretty well, and nursed her baby as frequently as before her illness. As the symptoms corresponded precisely to those of *Ranunculus bulbosus* on the thoracic region, I prescribed this remedy, four drops of the first dilution in half a tumblerful of water, a teaspoonful every half-hour as long as the pain was violent; if the pain abated, the medicine to be given more rarely.

"At my visit next morning I found my patient lying flat in her bed. She told me she had not taken the first dose of the remedy ten minutes when she felt, as she called it, a wrench in her side, and the pain was gone. She was enabled to lie down, and she slept profoundly, which she had not been able to do for a single instant for forty-eight hours previously. Nothing occurred to disturb the rapid recovery of this lady. The pain recurred in a slight degree several times, now on one side, now on the other, during the next three or four days, but each time it yielded immediately to a dose of *Ranunculus*."

Dr. Strong, of Ross, also records an interesting case of pleurodynia in the pectoralis major apparently of traumatic origin in the *Homœopathic Review*, vol. x., p. 753.

In the extremities the rheumatic and myalgic-like pains noticed in the chest-walls are less marked, and more closely resemble a choreic condition of the muscles. Thus, we find "jerking pains in the right arm;" "while writing, he feels sudden jerkings and stitches in the right forearm, and between the thumb and index finger;" "the hands tremble while threading a needle;" "jactitation of some muscular parts of the hands;" "jerking of the left hand, while it is lying quiet."

In the thigh and calf cramp-like pains are noticed. But in the foot, the pains again resemble more closely those of rheumatism. "Violent and constant pain" was noticed "in the tarsal joint in the evening;" "cramp in the dorsum of the foot when walking;" "acute pain in the heels;" "pulsative stitches in the left heel when standing." These and similar symptoms are more or less like such as one sees in some cases of rheumatic gout.

Dr. Markwick, in the number of the *Homœopathic Review* from which I quoted his reference to the value of *Ranunculus* in shingles, confidently recommends it as a remedy in chilblains. He mentions a case where an amputated stump was a mass of chilblains, many of them ulcerating. The pain

and itching were so intense as to prevent sleep. A lotion of equal parts of the matrix tincture and gin completely cured the condition in a week.

During the experiments which revealed these actions of the drug the provers all complained of great weakness. They felt "tired and broken," as they expressed it, all day. The whole body felt bruised, and they were all more or less drowsy.

On the skin we have but slight indications of its influence when it is taken internally, but from its external application a vesicular eruption was very fully developed.

I think that the subjective phenomena arising from the doses of *Ranunculus* taken into the stomach shadow forth, as it were, the initiatory stage of the condition produced by its external application, one which it is probable might be evoked by more liberal dosage internally.

Thus we find that in the proving there were "coarse itching in the hollow of the hand," "stinging itching in the palm of the right hand," "burning itching of the palm of the left hand," "itching of several parts of the hands, sometimes slight, and passing off soon with redness."

The juice applied to the fingers produces a fully developed series of vesicles, or blisters; on pricking them with a pin, yellowish lymph exuded. After the healing of the blisters and renewal of the skin, small, deep, transparent, dark-blue little elevated blisters of the size of a pin's head formed. They were arranged in groups, and the seat of intolerably burning itching, like nettle-rash, which they much resembled. When these vesicles discharge their contents they are covered with a thick, horny scab; these scabs crumbling away, another series of vesicles formed. This process was repeated, in the case which has afforded me the means of illustrating this action of *Ranunculus*, for several weeks.

It is, then, to a form of eczema, where vesiculation is followed by scabbing, and this by a renewal of the vesicles attended with burning and itching, that *Ranunculus* is homœopathic.

Allen, in his *Encyclopædia*, observes, in a note, that Drs. Schweikert and Haubolt have cured herpes of the fingers and palms of the hands by giving *Ranunculus bulb.* internally, and by washing it with a drop of the tincture diluted with water.

*Ranunculus* has generally been given in the lower dilution. The 2x or 3x are very suitable preparations to employ.

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# RUS ET URBS.

WE are pretty well all at one on the advantages of country, but it may be fairly questioned whether the *advantages* of *town* life are enough appreciated. The present state of the health of the metropolis is one that not only calls for the most sincere congratulations, but it may, at the same time, afford some consolation to the town-ridden, seeing that there is everywhere compensation in nature, and therefore to them in their enforced stay in town. A writer in the *Standard* says hereanent:—

“The Londoner who is returning townward after a feverish search for some more sanitary place than his own home, may be at once pleased and chagrined to learn that the City has never been healthier than at the present moment. The death-rate during the past two months, when the capital is as conventionally ‘empty’ of well-to-do people as Rome during the dog-days, was only 13·45 per 1,000, or, in other words, fewer people died in the English metropolis in proportion to its population than in most previous years, and less than in the majority of other towns within the realm. Yet it must be remembered that the death-rate of London is swelled by the mortality in the great hospitals, the patients in which are, in many instances, drafted from a distance, and, therefore, not entitled to be included among those for whose health the City is responsible. The fact, however, is notorious that London is a good place to live in and rather a hard place to die out of. Dr. Johnson considered it the best residence in summer, and the only one in winter; and as he, unlike most of his successors in Bolt Court, stayed here all the year round, he was entitled to give an authoritative opinion on the point. Since Johnson’s day the City has extended far beyond the limits which he was accustomed to regard as its bounds. Yet to-day London, in spite of its overgrown size, its ‘wen-like’ character, as Carlyle would have said, is a less unwholesome city than it was when Dr. Johnson was browbeating Boswell in the Literary Club, and, whilst lauding London, was shocking his biographer by comparing Glasgow to Brentford—with the odds on the Brentford side. Yearly the town was then decimated by small-pox; jail fever was so common that judges sniffed rue and vinegar when the prisoners appeared in the dock; and fears of the plague still so troubled men’s minds that Akenside the poet, who was then one of the physicians of St. Thomas’s Hospital, found it necessary to certify publicly that there was no truth

in the report of the pest having broken out in that lazaretto. The streets were badly swept, the drainage was primitive, the Fleet Ditch exhaled a zymotic stench, and the open sewers, cesspools, and polluted wells of a badly-built but picturesque city were all sources of disease, from which the inhabitants are now almost entirely exempt.

"The town to-day is, indeed, healthier than many parts of the country to which residents hasten in the hope of recruiting exhausted energies. We say nothing of the seaside lodging-house, for the watering-place authorities are sensitive people, and the maritime landlady has of late found life a burden at the hands of sanitary inspectors, local authorities, officers of health, and people who have views on drainage, fever germs, disinfectants, the antiseptic process, and similar 'fads,' which to the captain's widow with a house to fill and refill within the short space of three months spell scant profits or bankruptcy. The country, pure and uncorrupted, might be supposed to be free from any such suspicion. Unhappily, the experience of many besides the London clergyman who recently took lodgings at Chagford does not bear out this pleasing delusion; but his case is a typical one. Chagford is a 'well-known health resort,' celebrated for its 'lovely surroundings and bracing moorland air.' In a charming cottage in the suburbs of Chagford the clergyman took rooms for himself and his family. There had been no sickness in the house—the owner told him—with the exception of a child suffering from diarrhoea, and for a fortnight everything went fairly well. The family, it is true, felt 'out of sorts,' and seemed generally to derive less benefit from 'the bracing moorland air' of Devon than the local guide books would have led them to expect. In ten days they felt even less robust, and in a fortnight a son fell ill with typhoid fever, and then, for the first time, it transpired that for weeks past the occupier of the house, and the head of the family, had been seriously ill with the same terrible malady. In a short time there were six cases—an infant a year old, the father of the child, the son of the clergyman, a man servant, and the two daughters of the trusting London lodger. Five of the patients have recovered, but the footman has succumbed, and now the Okehampton Board of Guardians have risen in their wrath. The doctor is prepared to testify that as soon as he discovered the second case to be typhoid he warned the landlady of the mischievous character of her intimation that lodgings were still to let, and the

village fathers are instructing their clerk to 'make inquiries, in order to obtain such evidence as would warrant him in applying for a summons against the tenant of the house.' In this case, it is only fair to say, the plumber is not to blame, though, doubtless, had lead pipes been in use in the feverish cottage near Chagford that homicidal artisan would not have failed to sustain his vilely-earned reputation. But the well, which in rural regions runs closely the city cistern as a disseminator of disease, is here the evildoer. The water-supply is obtained from a surface depression, sunk six feet in the back yard, and which from its physical conformation was, in the euphemistic language of the local authorities, 'dangerously liable to pollution.'

"This is simply the old story. Innocent-minded people, ignorant of the unpleasant tales that are told by rural sanitarians, are apt to imagine that because a house is surrounded by trees and fields instead of by other houses and by brick walls, it must necessarily be more wholesome. There never was a greater delusion. The cottage which looks so picturesque in the landscape is, in most cases, a horribly unwholesome dwelling. The thatched roof, so dear to the painter, is old, rotten, damp, and generally unfit for its purpose, and the diamond-paned window means, to the sanitarian, imperfect light and ventilation. The green stagnant pool over which cheap poets prate, exhales vile odours when the *conferve* fester, or the accumulated mud and nameless organic refuse in, at the bottom of, and around it, resolve themselves into their pristine elements. The 'bubbling water' may be—and generally is—brisk with carbonic acid exuded from the sewage which has for ages infiltrated the soil, or, in cases which any one acquainted with the rural life of England could easily name, with the gases which it has absorbed in its passage through the neighbouring graveyard. The meadow at night sends up a damp, cold, penetrating malaria, which accounts for the pale, washed-out, very unrustic appearance of the aborigines. The country is usually happy in the lack of drains, but in their place there are open sewers, dunghills, and cesspools—all 'Kjokenmoeddinger' of a sufficiently obtrusive type. In a town we escape these. A score of sanitary officers, engineers, officers of health, and inspectors of nuisances see that we live cleanly, and if our drinking-water is indifferent, it is at least reported on by chemists of world-wide fame. The sources of infection which in the country are little regarded are in cities sharply looked

after, though even here we are left with much to long for. The coat which is worn in a Court or a ball-room may have served not twenty-four hours before to cover the fever-stricken wife of the tailor's workman, and the conscientious ratepayer who has just dispatched his servant to the small-pox hospital lest she should infect the neighbourhood, may, for all he knows to the contrary, be rubbing shoulders in an omnibus with a nurse who has been attending on a scarlatina patient. Napoleon the First caught a troublesome skin disease from suddenly handling the ramrod of a clumsy gunner, and, as a case just recorded proves, the laundress whose handiwork we wear, or between whose 'lavendered sheets' we sleep, may have come from a room which, when not occupied by the suburban family's linen, is tenanted by a person in the last and most virulent stages of confluent small-pox. The new mattress may have been filled by a man afflicted by psoriasis, or the fashionable 'tailor-made' ulster stitched by a seamstress whose children are smitten with one of the many maladies which in the Registrar-General's Returns are classed as zymotic diseases. We are all of us compelled to take many chances, but rushing into the country diminishes none of our risks. Indeed, it adds some almost peculiar to rural life."

### A BELATED MIND.

A CASE which bids fair to prove the most wonderful of the many curious physical affections noticed in medicine is that of a man named Andrew Tallman, who resides in Chicago. Mr. Tallman is suffering from a deadening of the nerves or rather a loss of nerve vitality. At present the recognition of any kind of feeling is delayed; sensation follows an act performed just a minute and four seconds after the performance. For example, should he prick his finger the pain would be felt just one minute and four seconds after the puncture. There is no diminution or loss of sensation and consciousness, and feeling is just as acute as if he were in a normal condition; it is only delayed in transmission, owing to some organic cerebral deficiency or poisoning. There is also an absence of the muscular tension or rigidity noticeable in well-defined cases of catalepsy. To describe his case as one of extreme nervous prostration would be incorrect. It is only a temporary inertitude, a slow communication to the brain of an action performed.



The eyes, ears, nose and all the senses are similarly afflicted, and acknowledge impressions according to their nearness to or distance from the brain. Should the gentleman stub his toe, while walking on the street, he would travel half a block before he became conscious of it. Should he strike his head against something, the sensation would be transmitted sooner. He hears himself talk about thirty seconds after he has uttered the words, and in eating tastes his food several seconds after it is masticated and swallowed. For sample, he eats a plate of soup, and immediately after finishing it commences on meat. By the time he is industriously feeding on the meat he begins to taste his soup. To better illustrate this peculiarly abnormal condition, the result of an interview with Mr. Tallman is given. The reporter entered the room where the patient was seated, and, after standing a moment, seated himself. A few seconds afterwards he was recognised by Mr. Tallman and requested to take a chair. The impression was immediately formed on the eye, but was not conveyed to the brain for nearly half a minute.

"I would like to get an interview with you concerning your peculiar condition. I have heard that you were suffering from an extraordinary nervous affection. Have you always been this way?"

"Oh no; but it has been going on now for nearly five years, and increasing all the time. About three years ago it required just half the time it now does for impressions to be recognised."

"Have you any difficulty in walking?"

"I suppose, if it continues, after awhile I will be a week behind time."

"Is your body as strong now as it ever was?"

"Oh no; I can walk, and use all my faculties perfectly. I am accompanied by a boy, however, when I go upon the street, in order principally to avoid being run over."

Mr. Tallman smiled, as he had just heard himself say that after a while he would be a week behindhand.

"Oh yes, I experience no difficulty in the use of my muscles."

He was silent for a moment, and then hearing himself talk about being run over, continued to explain: "I always see the carriage or waggon on the wrong side. After it has passed me, I see it coming up, and, of course, it isn't very safe for me to go out alone."

Mr. Tallman is married, and his wife entered the room and bowed to the stranger. She took a seat and began to talk: "I don't know what to make of Andrew's condition. He is getting worse all the time, and I am afraid he will continue to get worse."

"Come in, Sarah. This is my wife. Take a chair and tell this gentleman anything you choose about me. You can do a great deal better than I can."

He had just seen his wife.

Mrs. Tallman explained her husband's symptoms in detail, and, to illustrate, went over to him and pinched his ear severely. He did not move a muscle or seem at all conscious that she was standing over him. A few seconds afterwards, however, he gave unmistakable signs of the sensation produced.

"You notice now," said Mrs. Tallman, "that he does not feel that yet, but will in a few moments. He does not know—"

"Here! here! stop that. You need not pinch quite so hard," and he made a motion with his hand as if pushing her away. She was then several feet distant, seated in a chair, but he saw her by his side.

"He never carries anything valuable," said Mrs. Tallman after the interruption, "as a thief could walk up to him, rob him, and get around the corner before he knew anything about it."

Neither she nor her husband appeared at all sensitive about the matter, and both spoke unreservedly. The doctors, she said, were of the opinion that the inordinate use of tobacco to which he had been accustomed had poisoned his blood and dulled his entire system.—*Detroit Free Press* (London), May 19, 1883.

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## A CASE OF TRUE VACCINIA IN A CHILD FOLLOWING THE VACCINATION OF HER MOTHER.<sup>1</sup>

By J. T. HARRIS, M.D., Boston.

On the 13th of February, 1882, I called at the house of Mr. G——, intending to vaccinate his two children, one about three years old, the other a seven months' babe at the breast, whose head, face, arms, and legs were covered with eczema, *crusta lactea*, from which it was suffering severely.

<sup>1</sup> From *New England Medical Gazette*.

Fearing an aggravation of the humor from complication with the vaccination, I declined to operate, giving as my reason that I thought the child was suffering already; that she would be more feverish, irritable, and would require greater care if vaccinated than at present. Although the three-years-old child was troubled with the same form of humor, I vaccinated her, and also the mother. Both vaccinations took, and ran the usual course without much constitutional disturbance. The fifth day after the operation was Mrs. G——'s sickest day. She then had headache, backache, fever and chill. The vaccination developed normally, but more rapidly than usual.

On the first day of March the baby was more restless and feverish, requiring constant care. On the second day the mother noticed a number of little red pimples upon the child. These increased rapidly upon the face, arms, and legs. I was called to see the little patient on Saturday, the 4th of March. The little pimples at this time were very numerous, had increased in size; the areola quite red; some swelling; baby feverish; temperature 102. To the question, "What is it, doctor?" I frankly answered, "I don't know, it is not small-pox nor chicken-pox. I shall have to wait until it is more fully developed."

On Sunday morning, the fifth day of the fever, the vesicles were forming and more or less filled with lymph. and in the afternoon some were umbilicated. Fresh eruptions were also developing, and upon the face, arms, and legs—those portions of the surface most severely marked with the eczema—the new eruption had become confluent, the whole character of the eruption resembling that of small-pox. There were without doubt between four and five hundred well-defined circular vesicles upon the child during the course of the disease. I invited Dr. Miles to see the case on Sunday afternoon. After a careful examination we concluded that it was a case of vaccinia, communicated to the child through the mother's milk. That there should be no mistake, however, I called upon Dr. McCullom, the city physician, reported the case, and invited him to see the patient with me, which he did on Monday morning. Dr. Martin, of Roxbury, and Dr. Cutler, of Chelsea, also saw the case, and were much interested in it.

On Monday, Tuesday, and Wednesday, the sixth, seventh, and eighth days, there was much swelling of the face, arms, and legs, where it had taken on the confluent form. The

little patient was quite feverish and restless. On the seventh, eighth, and ninth days was quite hoarse, and had some difficulty in swallowing. All the symptoms gradually diminished after the ninth day, and many of the scabs were rubbed off. On the seventeenth day very few adherent scabs remained. *Acon.* and *Tart. emetic* were the remedies used.

At the present time, May 14th, the child shows pits, not deep however. The parts where the eruption was confluent are still quite red. The eczema, however, seems to have left for good, and I am in hopes of seeing a good, clear skin before many weeks. Although the diagnosis the first few days was obscure, all doubt was removed, and it was pronounced a case of vaccinia communicated from the mother. You will note that on the fifth day after the revaccination of the mother, the paroxysm of fever occurred, and ten days after the baby was feverish, and the eruption made its appearance one day later. We can therefore call it fourteen days from the time the babe first took the milk impregnated with vaccinia from its mother. If the system can thus be so thoroughly impregnated with vaccinia, may we not also fear various and worse evils from the milk of unhealthy and unclean nurses?

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## INOCULATION OF BOTH EYES FOR COMPLETE PANNUS WITH GONORRHOEAL PUS.

By E. S. PECK, M.D.

JOHN SMITH, aged 21, October 18, 1880, came to hospital suffering from trachomatous pannus in both eyes; duration in the right eye four years, in the left eleven. Attributes this trouble to the use of dirty towels at an orphan asylum. Patient could merely make his way around the ward; sight of right eye was better than that of left. After experiments with three other kinds of pus, none of which gave rise to any signs of acute inflammation, it was determined to use gonorrhœal pus. A fresh case, of seven days' discharge, was found in one of the male venereal wards. Two drops were applied by means of the finger to the cornea and conjunctiva of right eye. Orders were given to let it entirely alone, and not to protect the left eye.

Dec. 15.—Within ten hours the right eye showed all the signs of an acute ophthalmia, and the disease was left to run its course.

Dec. 16.—The left eye developed the same character of inflammation.

Dec. 25.—Copious discharge of a creamy yellow pus from both eyes; complains of considerable pain under the lids.

Jan. 4, 1881.—Ordered solution *nitrate silver*, gr. x., *ad. aq.* 1 oz., three days of the week, and the same solution, gr. v., *ad. aq.* 1 oz., four days of the week, with constant application of iced cloths.

Patient discharged in the month of March, and visited me April 10, when examination gave vision—right eye, four years blind and inoculated, V=finger-counting at nine feet; left eye, eleven years blind, inoculated by infection, V=equal fingers at one and one-half feet.

Patient has engaged himself at a livery stable, and states that his sight for this purpose is sufficient, and that he suffers no pain nor tenderness. In the right eye the iris and pupil are plainly to be seen.

It is a subject of pertinent inquiry whether it be good surgery to undertake so bold a measure. . . . The chief danger with gonorrhœal pus is not its virulence, but the possible concealment of a venereal sore upon the part from which the pus is taken. Such an accident would be grave in its consequences. It would surely premise a perforating ulcer of the cornea, if it did not entail syphilis.

Another danger to be feared is the establishment of diphtheritic instead of purulent ophthalmia. As diphtheria has special habitats, this danger is more to be feared in certain countries than others. The best success has resulted with eyes where the cornea has been very vascular, the pupil and iris being scarcely visible. . . . Mr. Lawson states that such eyes will almost invariably recover, and good, useful sight be regained. Another important point is that pus increases in virulence in its travel, so that a third eye will receive stronger pus from the second eye than this received from the first. Of the 170 eyes inoculated by Mr. Bader, two corneæ were entirely lost, and ten were perforated by the suppurative process.

In case of monocular pannus, inoculation may be questionable. . . . Where the cornea is dry, whitish, or in the condition of confirmed staphyloma, where there is not a well-pronounced vascularity of its superficies, and where also granulations of the conjunctival surfaces are wanting, inoculation will not only be unsatisfactory, but may be dangerous. But with these latter conditions well exemplified, I should

not hesitate to employ this bold means after all other plans of treatment had failed to restore sight.—*N. Y. Med. Record*.

The *N. Y. Medical Times* (homœopathic) quotes the foregoing from the *N. Y. Med. Record* (allopathic), and we reproduce it, not only for its instructiveness, but in order to hang one or two remarks upon it.

First of all, is such treatment warrantable? We think not, certainly not until the small dose has failed. Then, again, how does it happen that when a homœopath uses a given animal virus (as, for instance, *Syphilinum*) in infinitesimal doses, said homœopath is set upon not only by the allopaths, but by his brother homœopaths, while both sides applaud this filthy surgery? It is just straining at a gnat and swallowing a camel.

We believe our Dr. Dudgeon was the first to treat pannus with purulent inoculation very many years ago.

## THE INFLUENCE OF SNAKE POISON.

DR. J. FAYRER, Professor of Surgery in the Medical College of Bengal, has published the results of certain experiments made to ascertain the effects of snake poison on large animals. The horses experimented on had been condemned to be destroyed for the disease, partial paraplegia (gone in the loins), which, though incapacitating them from work, was not a disease which would reduce the strength of the animals to such an extent as to deprive the experiments of their value. The animals were a stud-bred mare, about 14.3 high, and aged 27 years, suffering from partial paraplegia, and an Australian horse, 15.1, 9 years old, a powerful animal and in good condition, though also paraplegic. The mare succumbed in an hour and twenty minutes from the effects of a bite of a large cobra; while the stronger and younger horse survived the bite of a powerful, fresh, and full-grown daboia nearly twelve hours. The difference in the effects of the poison of the daboia and cobra in these two cases is very remarkable, not only as to the duration of life in the animals bitten, but also in the pathological conditions before and after death. The mare bitten by the cobra was rapidly affected—staggered, became exhausted, and died in less than an hour and a half. The horse bitten by the

daboia, on the other hand, was affected very slowly, and seemed to doze his life away until just at the last, when a few unconscious plunges terminated his existence. It is to be noted, however, that the cobra bit more vigorously, forced his fangs deeper, and had to deal with a more feeble animal than the daboia, who bit a more powerful and healthy horse, and did not insert his teeth with such vigour as the cobra. The snakes were both fresh and well grown, and their terrible power was strikingly illustrated by the death of these two horses.

## GEOLOGY AND MEDICINE.

DR. HAVILAND has discovered a connection between geology and medicine. Each disease is found to have a special geological *habitat*. Take cancer, for instance. A "cancer map" has been drawn up, from which we discover that the whole of Wales and the north-west of England are comparatively free from it. "Coincident with this," says Dr. Haviland, "is the fact that these parts of England and Wales belong geologically to the oldest formations, namely, the silurian and carboniferous, and physically include the highest and best-drained mountainous districts in the country." The cancer country is found in the regions of the tertiary or more recent formations. There is the Thames cancer-field, the East Yorkshire, South Derbyshire, and North Leicestershire. The haunts of cancer are proved to be "the sheltered and low-lying valleys traversed by fully-formed rivers, and having sites composed of the more recent geological formation—such as the crag and the alluvium of the Norfolk and Suffolk field, the clay of the Thames field, and the alluvium of the Lincolnshire and East Yorkshire groups." Heart disease, phthisis, and rheumatism are traced in a like manner. This theory of Dr. Haviland appears to be another way of attributing disease to atmospheric influence, which is by no means a new theory. The unscientific people of the fens well understand that liver complaints, ague, and miasmatic diseases arise from the condition of the atmosphere, and that such condition is generated by the alluvial deposits, though the term would be Greek to them.—*Extract.*

## Obituary.

### FRANCIS BLACK, M.D.

THIS distinguished physician passed away on May 29, 1883, and it is for us to note a few of the footprints he leaves behind in our little plot of the sands of time.

Dr. Black was born at Bombay on January 19, 1820, his father being a captain in the service of the Honourable East India Company. He came to Scotland in 1825, studied first at the Edinburgh High School and then at the University, wherein he graduated as M.D. in 1840. He then went over to Paris and studied under Hahnemann. Jointly with the late Dr. Rutherford Russell he founded the Edinburgh Homœopathic Dispensary in 1841. With Drs. Drysdale and Russell he started the *British Journal of Homœopathy* in 1843, but he was not apt at regular literary work, and very soon retired, though the journal still lives.

Dr. Black continued to practise in Edinburgh till 1846, when his wife's delicate health compelled him to seek a warmer climate, and accordingly he removed to the Isle of Wight, but only for a few months, for we presently find him settled at Clifton, where he acquired a large practice and an influential social position, which he fully maintained for about thirty years. He was one of the original promoters of Clifton College, and a member of its Council for nineteen years.

Dr. Black was president of the first British Homœopathic Congress (Cheltenham, 1850), as also of that held at York in 1872.

In 1878, or thereabouts, Dr. Black came to London, but never practised beyond seeing a few old friends. We occasionally saw him, evidently returning from a consultation with his old friend Dr. Dudgeon. He devoted all the time ill-health left him to preparing work for the Hahnemann Publishing Society, and, indeed, what remains to us of his life's work must be sought in his various essays on *Materia Medica*, some of which are now in the press of the Hahnemann Publishing Society.

Dr. Black was treasurer of the International Homœopathic Convention, and of the British Homœopathic Society. Early in his career our lamented colleague published a work on the "Principles and Practice of Homœopathy," and numerous



able and well-digested papers of his may be found in the *British Journal of Homœopathy*.

In his last illness Dr. Black was attended by Drs. Dudgeon and Byres Moir, to the latter of whom we are indebted for a few notes of the post-mortem examination, and in which we read: "The parts affected were the ascending and right half of the transverse colon commencing about an inch above the ileo-cæcal valve. The colon was much distended, and its walls changed into a cancerous tissue apparently of the medullary form, as the inner layer was quite villous. The omentum was matted to the bowel."

We have to thank our genial friend Dr. Pope, of Tunbridge Wells, for very kindly supplying us with many of the particulars of the foregoing notice.

For long years the name of Francis Black has been almost always linked with those of two others, viz., of Drs. Drysdale and Dudgeon, and it is no disrespect to say that Dr. Black has been chiefly remarkable as a staunch and faithful ally of these his more powerful companions than as an originator of anything of his own; in this capacity he has deserved well of our reform in Great Britain, and even more than here, he has served Homœopathy well by maintaining a high professional and social tone, and thus affording a long-lasting living denial of the foul slanders which the medical tradesmen of the *Lancet* fraternity have so persistently uttered against physicians practising homœopathically. It is to the honourable lives of such as Dr. Black that we owe the *proof* that homœopathic practitioners are actuated by the highest and purest motives, and this is of great moment for the ultimate success of Homœopathy as the crown of scientific therapeutics.

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### THE LATE DR. PEARCE.

IN our obituary notice last month we stated that Dr. Pearce left *several* daughters. For "*several*" our readers will please read *two*. We also learn that he leaves a widow and young son. Could we not each do a little towards raising a small fund for them? *Many* must help, or it will be futile, and unless we receive many more promises than have thus far reached us, we shall consider the matter closed. Colleagues! remember your own families in the brisk days

of work, for gratitude to the doctor is a delicate, short-lived plant.

### NOTABILIA.

1. LA Société Nationale d'Encouragement au Bien, of Paris, has awarded our distinguished colleague, Dr. Roth, of London, a Medal of Honour with a Diploma for his services to humanity. This is a pleasing recognition of Dr. Roth's worth, and one we delight to place on record.

2. Dr. J. Compton Burnett, editor of the *Homœopathic World*, has been elected lecturer on Materia Medica in the London Homœopathic Hospital Medical School, *vice* Dr Pope resigned.

### CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

#### MR. ASHWELL ON TINCTURE-TRITURATIONS.

SIR,—On page 39 of the new "British Homœopathic Pharmacopœia," directions are given for preparing tincture-triturations, viz., by adding 960 minims of the tincture (usually the mother tincture) to 960 grains of sugar-of-milk, and when dry the whole is to be weighed and made up to 960 grains by the addition of more sugar-of-milk. Then follows:—"From the way it is made it will be obvious that one grain of a tincture-trituration will contain as much of the medicine as one minim of the tincture itself." Now if mother tincture is used it will necessarily increase the weight so that the product will weigh more than 960 grains. Take for example *Nux Vomica*, and it will be found to increase the weight by about 12 grains, owing to the extractive matter contained in the tincture; with others it would be more or less in proportion to the matter in solution. The correct way would be to take a less quantity of sugar-of-milk, say 900 grains, mix with the tincture, and when dry make the whole up to 960 grains. This will then represent one minim in one grain.

I am, dear Sir, faithfully yours,  
74, New Bond Street, London. L. T. ASHWELL.

## THE MEDICAL ACTS AMENDMENT BILL.

DEAR SIR,—As the Medical Acts Amendment Bill is before Parliament, I am surprised at finding nothing about it in the *Homœopathic World*, nor do I hear of the Homœopathic Society taking any action thereon, although every branch of the British Medical Association have not only discussed it, but in a large number of cases have proposed amendments and also presented petitions in its favour.

I think it is about time that the homœopathic practitioners made their voice heard, as this Bill hands over to a Medical Council the supervision of the examinations, and also gives it power to say who shall be registered as a practitioner and who shall not. This Council is to be elected by the various Universities and licensing corporations. Will there be a homœopathist in it?

The corporations now examine a student in the practice of medicine, and if he proposed to treat a case according to homœopathic principles he would certainly be plucked. Can nothing be done to remedy this state of things?

I do not think we shall get a Homœopathic Examining Board in England; but, at least, we might attempt to get the degrees of Boston University and the Homœopathic Colleges of New York and Chicago registerable in England.

Hoping that these few lines will draw from your readers something practical in this respect,

I am, dear Sir, yours truly,

A MEDICAL STUDENT.

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## MR. WILLIAM YOUNG ON DANGERS OF BOVINE VIRUS.

SIR,—Reading in your cosmopolitan journal, May 1st, a record of some severe disasters following vaccination, I wrote to Dr. S. Swan, of New York, inquiring whether the virus used was bovine or humanised, Dr. Martin, Dr. Drysdale, and others having repeatedly asserted that the use of the former is free from danger. Dr. Swan in his reply says :—

“The children referred to were all vaccinated with bovine virus. While bovine virus may not convey syphilis, sycosis, or psora into the system, it may introduce other diseases peculiar to animals, and this too when the most careful in-

spection can detect no signs of disease in the animal from which the virus is taken."

I attach much importance to this testimony, as considerable efforts are now being made in this country, not only by the Government, but by private speculators, to popularise the use of calf-lymph, the advantages of which as a prophylactic against small-pox are in no wise proven, whilst its dangers and risks are being manifest in all directions.

Yours very truly,

WILLIAM YOUNG.

114, Victoria Street, Westminster, June 9th, 1883.

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### DR. TUTHILL MASSY ON "HEALING THROUGH FAITH."

DEAR SIR,—In the year 1841 or 1842, when I was a student at the Meath Hospital and County of Dublin Infirmary, when walking through the surgical wards with Maurice Collis, I heard him say "*Never*" in reply to some question from a woman, aged 50, in bed near the door where we passed out. Her voice followed us, and appeared to enter my chest with full force on each side of my heart—a feeling I never felt before or since, either from notes of music or the human voice. Her crying words were, "*My Lord Jesus will heal me.*" A few days after I entered the same ward, and to my great astonishment saw the same woman out of bed standing by the bed of a patient opposite in earnest attention and conversation. Although many years have since passed I remember the circumstance distinctly as if it were only yesterday. The case has often come up to my memory since, when reading the miracles of Christ and His apostles in the New Testament. I regret that I did not learn the nature of the accident, but for some unaccountable reason I did not—whether it was from carelessness or want of time I cannot say, as my two final examinations were near at hand. Recently I have read Dr. Garth Wilkinson's work "*On Human Science and Divine Revelation*," and wish to put this additional fact on record—call it miracle or what you will—say faith! "The anti-miracle men do not know that there is a world of laws pressing upon the heart and lungs of nature aspiring to raise it into new breaths; they think that a miracle-worker is some deluded private will juggling with things: whereas the Sun of suns, and Jehovah therein, is the pressure behind Divine

miracles; and the spiritual world forceful upon the natural attests the pressure by usual miracles of creation in every sphere." Viz., *the seed in the soil, is the marvel of the soil!*

I am, truly yours,

R. TUTHILL MASSY, M.D.

### THE WIDOW OF DR. PEARCE.

SIR,—I read your obituary notice of my old and esteemed friend the late Dr. Charles T. Pearce with considerable interest, and can bear emphatic testimony to the truth of many of the statements therein contained. A more ardent anti-vaccinator there was not in existence, and on his dying bed he constantly alluded to the approaching triumph of the cause for which it may be truly said he had sacrificed his professional career. He was quite elated at the recent success of Mr. Taylor, M.P., in the House of Commons, and even made an effort to read the reports on that occasion. I can vouch that he was thoroughly imbued with the loftiest motives of humanity, and indeed much of his professional services was given gratuitously. There was nothing sordid in his disposition, indeed it was the very reverse. This brings me to the point to which I wish to direct your special attention—viz., that you make no allusion to his widow and son now residing in Torquay.

During his eight months' residence in Torquay I have been almost a daily witness of the unceasing attentions of this "devoted wife," as the poor doctor himself repeatedly designated her; day and night, night and day, she unweariedly nursed him under the most trying ordeal, and not only that, but sacrificed personal ornaments, etc., to procure necessities.

Under these circumstances I trust, sir, in your next issue you will notice the serious omission, and that whatever the result of your appeal to the profession and all philanthropists may be this devoted lady and her son will not be forgotten. I need scarcely say they are utterly unprovided for.

I am, Sir, yours truly,

EDWARD J. HARTY.

Banfield, Avenue Road, Torquay,  
June 13th, 1883.

DEAR SIR,—In your notice of the death of the late Dr. Pearce you have made no mention that he left a widow and

one child totally destitute, and I am requested by his widow to notify this fact to you, as she fears you are not aware of it, and in case a subscription should be made, if it were not known he had left a widow it might militate against her.

I am, yours sincerely,

Ryde, June, 1883.

H. HASTINGS, M.D.

[We are pleased to be put right.—ED. *H. W.*]

### DR. GEORGE H. CLARK ON GALL-STONE COLIC TREATED HOMŒOPATHICALLY.

DEAR SIR,—In respect of gall-stone colic I have this to offer, which is but one case of several treated during the past ten years, in each of which the result of the potentised remedy was all that could be desired.

During the past summer a lady came into my hands, from an allopath, suffering from an attack of icterus. A few days after first seeing her I was called hastily and found the symptoms of the passage of a calculus present. *Bell.* 40m (Fincke) was given in water, a dose every half-hour for two hours. At the end of that time she fell asleep, and awoke the next morning without any vestige of pain or soreness. Two weeks after this there was another attack, and I being out of the city, a physician "practising Homœopathy" (?) was called. This attack, as the previous one, came on about 4 p.m. The next day I found her looking like a veritable witch; she was still suffering, and in spite of what I did she did not fully recover her usual condition for four days. The "physician practising Homœopathy" was kind enough to leave a slip of paper for me on which he had written the remedies given. This is a fac-simile:—

*R China, 1x, water,  
Morph., Sulph.,*

alternately every half-hour. In the first attack Hahnemannian Homœopathy eased her in two hours, and permitted her to sleep naturally and soundly the entire night; in the second the pain was not even lessened, and the drug effects continued several days. Need one ask which is the better and safer treatment?

Very truly yours,

GEORGE H. CLARK, M.D.

W. Walnut Lane, Germantown, Philadelphia,

May 24th, 1883.

## THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

DEAR SIR,—Would you kindly insert the following notice in the *Homœopathic World*?—

### “ERRATUM.

“Chemists who have purchased the new edition of the Pharmacopœia are requested to make the following correction in their copies.

“Page 39, line 10 from top, after ‘two ounces’ erase ‘and 85 grains.’”

Yours faithfully and obliged,

WILLIAM V. DRURY.

Lingmore, Dean Park, Bournemouth,  
June 21st, 1883.

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### PERSONALIA.

DR. HARMAR SMITH.—Colleagues may like to know that Dr. Harmar Smith has removed to South View House, Sion Hill, West Cliff, Ramsgate.

DR. BRADSHAW has settled at Guildford.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, etc.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

### BOOKS AND JOURNALS RECEIVED.

Boericke and Tafel's Quarterly Bulletin.

The Protest. No. 2. Vol. VIII.

The Argus, Melbourne, April 11, 1883.

The Medical Counselor, May 1, 15; June 1, 1883.

The American Observer, May, 1883.

St. Louis Clinical Review, May, 1883.

Vaccination Enquirer and Health Review, June, 1883.

The Hahnemannian Monthly,  
May and June, 1883.

Revista Homeopatica Catalana.

Revue Homœopathique  
Belge, Mar, 1883.

The Clinique, May 15, 1883.

Allgemeine Homœopathische  
Zeitung, Bd. 106, Nos. 23  
and 24.

New York Medical Times,  
June, 1883.

The American Homœopath,  
June, 1883.

Chemist and Druggist.

The Homœopathic Physician,  
No. 6.

The Guide, June, 1883.

Fifth Annual Report of the  
Chester Free Homœopathic  
Dispensary, 1882-3.

Homœopathy Procharak: a  
Monthly Journal of Homœo-  
pathic Medicine, Materia  
Medica, and Auxiliary Scien-  
ces, Dacca.

Modern Thought, March 1,  
1879.

New England Medical  
Gazette, June, 1883.

#### CORRESPONDENTS.

Communications received  
from Dr. Winterburn, Editor  
of American Homœopath, New  
York; G. A. Cross, Esq., Lon-  
don; Dr. Tuthill Massy,  
Brighton; Dr. Geo. H. Clark,  
Germantown, Philadelphia;  
Dr. Shoshee Bhoosun Moo-  
kerjee, Calcutta; Dr. Midgley  
Cash, Torquay; Alfred J.  
Pearce, Esq., Balham; Dr.  
Hugh Hastings, Ryde; Dr.  
Usher, Wandsworth; Dr.  
Claude, Paris; Wm. Young,  
Esq., London; Dr. Pope, Tul-

bridge Wells; E. J. Harty,  
Esq., Torquay; Dr. Edward  
Blake, London; Dr. Thomas,  
Llandudno; Dr. Park Lewis,  
Buffalo, N.Y.; Dr. Lloyd  
Tuckey, London; Dr. Byres  
Moir, London; William Tebb,  
Esq., London; Alexander  
Wheeler, Esq., Darlington;  
Medical Student, Cardiff; Dr.  
R. R. Gregg, Buffalo, N.Y.;  
Dr. Maffey, Melbourne, Aus-  
tralia; J. B. Dixon, Esq.,  
L.R.C.S., South Hackney; L.  
T. Ashwell, Esq., London;  
Geo. Norman, Esq., M.R.C.S.,  
Bath.

### The Homœopathic World.

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A Case of Long-Standing Headache  
Cured with a High Dilution of Quinine.  
The Ivy as a Medicine.  
A Woman in a State of Adipocere.  
Osmium as a Remedy for Glaucoma.  
How a Man Walks.  
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Clinical Cases, Illustrating the Difference  
between True and Delusive Homœo-  
pathy.  
Convallaria Majalis Flores.

##### OBITUARY:—

Charles T. Pearce, M.D., M.R.C.S.

##### LITERATURE:—

The Ethics of Diet: a Catena of Authori-  
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Dr. Gregg's Theory of Tuberculosis.  
Mr Heath on Drosera.

##### REPORTS OF INSTITUTIONS:—

Newcastle-on-Tyne Homœopathic Dis-  
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Fav-urite Seat for the Bacillus of Tubercle.  
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# THE HOMŒOPATHIC WORLD.

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AUGUST 1, 1883.

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## THE CALCUTTA SCHOOL OF HOMŒOPATHY.

For the first time in the history of Homœopathy in the far East, there is now some mode of teaching as well as practising our system of medicine. The above School was, we learn from Mr. Shoshee Bhoosun Mookerjee, of Calcutta, founded on the 15th February, 1883. The following extract from the prospectus will give our readers some idea of the scope of this new institution:—

“For the present the following courses of lectures will be delivered:

“‘Principles and Practice of Medicine,’ by M. M. Bose, Esq., M.D., L.R.C.P. (Edin.), etc., on every Thursday at 4.30 p.m.

“‘Materia Medica and Therapeutics,’ by P. C. Mojumdar, Esq., L.M.S., on every Monday at 4.30 p.m.

“‘Principles of General Anatomy and Physiology,’ by B. L. Bose, Esq., L.M.S., on every Wednesday at 4.30 p.m.

“L. Salzer, Esq., M.D., will also lecture once a week.”

Inasmuch as this School is the first of its kind in India, it is necessarily still weak, and in need of the kindest fostering care of all the friends of our cause in the great Anglo-Indian empire. We therefore especially commend the Calcutta School of Homœopathy to our numerous friends in the East, and shall look forward with interest to its future history, trusting that our Indian fellow-citizens—*cives Britannici omnes*—will not follow our example and waste their energies in fighting one another, or in prostrating themselves before the progress-hating medical tradesmen who are in power there as well as here.

The Calcutta School of Homœopathy is at home in the City College Premises, 45, Beniatollah Lane, Calcutta.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF LEDUM PALUSTRE.

By ALFRED C. POPE, M.D., late Lecturer on Materia Medica at the London School of Homœopathy.

THE *Ledum Palustre*, or marsh tea, is a small evergreen shrub belonging to the natural order of the Ericaceæ. It is found in the damper parts of the north of Europe, in the Vosges Mountains, and in similar districts in America and Africa. The parts used in preparing the tincture employed in medicine are the small twigs and leaves, gathered soon after flowering commences, which it does in April. The tincture is directed to be made with rectified spirits.

The original study of the physiological action of *Ledum* was made by Hahnemann and six of his pupils, and was first published by him in his earliest volume on Materia Medica entitled, "*Fragmenta de viribus medicamentorum positivis, sive in sano corpore humano observatis*," in 1805. Incorporated with it are observations gleaned from the *Flora Lapponica* of Linnæus and the *Flora Russica* of Pallas, and a further very full proving has been made by Dr. Lembke, of Riga, which is reported in the *Allgemeine Homœopatische Zeitung* for 1848. These, with a few observations of no importance, are all contained in Allen's *Encyclopædia of Pure Materia Medica*.

Until the time of Hahnemann the *Ledum Palustre* had been but little employed in medicine. It had been used chiefly by the Swedes to destroy lice infesting oxen and pigs. Linnæus, however, tells us that it has cured violent headaches, and that it was at one time much in vogue in the treatment of a highly contagious form of angina, attended with convulsive cough and a rapid and considerable swelling of the cervical glands, together with a low type of fever.

Whatever may be its virtues as a parasiticide, the experiments hitherto made with it do not show it to produce any very striking resemblance to the angina, while in some forms of headache they do indicate that it may be used with advantage.

Dr. Lembke, who took repeated doses of from five to eighty drops of the tincture, felt suddenly great weakness in the evening, followed by chilliness, which lasted an hour, and was sufficiently well marked to oblige him to cover himself warmly. Externally the skin was quite cool. He felt also a very perceptible and general trembling of the muscles, with heat and heaviness of the head, the pulse at the same

time being small and rapid. The whole night following this attack he was wakeful and restless; during sleep he had confused dreams, and was aroused by frequent calls to micturition, which was attended with cutting pain. Many pains were also felt in the limbs, in the scalp, and over the walls of the chest. The next morning he awoke early; was excessively weak throughout the day; very chilly, and the skin of the limbs and scalp was very sensitive to the touch. He felt painful tearing in the bones of the legs, boring in the parietal bones, and at intervals flushes of heat in the forehead, with redness of the face, stitches in the throat, swollen tonsils, a small and rapid pulse, and general malaise.

In this slight sketch we have a summary of the action of *Ledum*. Headache; a peculiar feeling as if a plug were in the throat; boring, pressing, and aching pains in well-nigh every joint, muscle, and bone. These, together with a miliary eruption on the skin, constitute the chief of the pathogenetic effects of *Ledum*.

The headache is, in some points, like that produced by alcohol. Dr. Lembke, when taking frequent doses of from ten to thirty drops, complained of vertigo while walking in the streets; he felt as if his body swayed to one side, to such an extent, indeed, that he was compelled to stand still until the sensation passed away. On his continuing his walk the same sensation returned. Again, in a proving by one of Hahnemann's colleagues we find a very analogous symptom to this. It is described as "excessive vertigo all day, even while sitting still, aggravated by stooping, and when walking it amounts to falling forward, as if from drunkenness, with a feeling of heat in the body, especially the face, without thirst and with pale cheeks and forehead."

This form of headache is very like that present in some cases of Menière's disease, and the aural symptoms produced by *Ledum* are also like those attending this form of vertigo—such, e.g., as "Deafness of the right ear; it feels as if stopped with cotton, and as though he heard from a distance;" "transient deafness, as if something were placed before the drums of both ears;" "noise in the ears, as from the ringing of a bell or from a storm of wind."

Hence, in gouty or rheumatic subjects, *Ledum* is a medicine which may be called for in Menière's disease in preference to the *Salicylate of Soda*. I say "gouty or rheumatic" because it is a kind of rheumatic gout that *Ledum* so closely resembles in the general disturbance of health to which it gives rise.

To revert to the headaches of *Ledum*.

The pain it excites is largely frontal. The forehead is hot and heavy, and a feeling of pressure is noticed, especially in the right temple. The chief morbid sensation, however, is one of "boring," especially referred to the frontal bone; and, though noticed as occurring on both sides, is most marked on the left. The "boring" sensation is further observed as occurring in the joints and bones of both the upper and lower extremities.

This boring pain is noticed also as occurring in the left temple, in the coronal suture, and parietal bone. The same kind of pain occupies the orbital bones; it extends from the forehead to the eyebrows and the lower margin of the orbits. A similar pain is also felt in the eyeballs.

The chief symptoms to be remembered in the headache of *Ledum* are the vertigo, with swaying to one side or falling forward; a headache with sense of shaking or taking a false step; and boring pains in the bones of the head.

There is some increased secretion of mucus from the eyelids and conjunctivæ; the lids are agglutinated in the morning, but are not swollen or red. Lachrymation is increased, and there is some dilatation of the pupil, with slight indistinctness of vision. Dr. Dudgeon, remarking on these symptoms, says that "together with the general characteristics of the medicine they would lead us to infer its utility in gouty and rheumatic ophthalmia."

In the throat Dr. Lembke noticed a feeling as if a plug were present, obliging him to swallow, associated with a feeling as if a foreign body were in the throat, which was repeated on going to sleep in the evening. Hahnemann refers to a sensation as of fine sticking pain, with serum in the throat.

The appetite is poor, and there is some degree of thirst. Eructations are frequent. Nausea occurs with an accumulation of saliva, yawning, cold hands, and frequent chilliness over the back; and again these symptoms are associated with weakness and general perspiration. Further, there is a sense of pressure in the stomach and a dull pain aggravated by pressure.

The intestines are replete with flatus and the bowels are constipated.

These symptoms reflect a state of imperfect digestion, such as occurs as a phase of many chronic diseases, rather than an independent affection.

We now pass to consider the indications we have for prescribing it in rheumatism or rheumatic gout, in which I think it ought to be much more generally used than I believe that it has been.

First of all, we notice that it is osseous tissue which appears to come prominently under its influence.

I have already spoken of the boring pains felt in the frontal bones. Similar pains are felt in the zygoma, especially, though not exclusively so, in the left side; in both lower jaws; in the crest of the left ilium; in the sacrum; in the left elbow joint; in the thumb joints; in the left trochanter and tuber ischii; in the left femur, and the right patella; in both tibiæ; in the malleoli, the tarsal, and metatarsal bones. Thus you see the condition which is described as giving rise to a boring pain is present throughout the bones of the head and face, the upper and lower extremities, and in those of the pelvis.

The muscles are also the seat of pain. Then there is a great deal of stiffness in the nape of the neck, in all the cervical muscles, across the scapulæ, in the back and loins. Besides this sense of stiffness there is a feeling of pressure, most marked in the lumbar region, together with occasional sticking pains.

Further, the shoulder and elbow joints feel bruised, and heavy, and stiff. Tearing pains are noticed in the arms. Among many similar symptoms Dr. Lembke notices "Tearing and pressure in the upper parts of both arms; violent tearing pains in the right humerus; bruised pain in the upper part of the left arm; a feeling of weariness, and a bruised sensation in the elbow joints and fingers, momentarily relieved by moving the joints; sudden violent boring pain in the bend of the left elbow, while the arm was perfectly quiet and partly flexed. So likewise in the forearm he felt a sensation of bruised pressure extending throughout. The wrist becomes swollen and painful. Drawing, pressive-like pains in the metacarpal bones. Boring pains in the first joint of the right thumb, with a feeling of stiffness; pressure in the right finger joints in the evening; sticking and pressure in the first joint of the right thumb and fourth finger during rest.

Precisely similar symptoms mark the action of the drug in the lower extremities. The hip, knee, ankle, tarsal, and metatarsal joints are all more or less swollen; and pressive, tearing, drawing, and bruised-like pains and stiffness are felt

in them throughout. The limbs feel weak and cramplike, and drawing pains are noticed in the calves. The small joints of the feet are especially painful, and some tearing and burning pains are remarked in the soles of the feet. An eruption of fine pimples has been observed on the dorsum of the feet. Another symptom is described as "very severe gnawing itching on the dorsum of both feet; after scratching it always becomes more violent; it was only allayed after he had scratched the feet quite raw; much aggravated by the heat of the bed."

In the twenty-ninth volume of the *British Journal of Homœopathy* Dr. Drysdale records an interesting illustration of the clinical value of this symptom, which is at the same time a testimony to the accuracy of the record given by Hahnemann. Dr. Drysdale writes as follows:—

"In April, 1870, a lady, who had come about her children, asked if anything could be done for a troublesome symptom that had annoyed her for some time, although she was otherwise in perfect health. It was a violent itching of the dorsum of both feet and the ankles, especially at night. In the Repertories several medicines were given as having "itching in the feet," but on referring to the *Materia Medica*, *Ledum* had the symptoms exactly. Accordingly some pilules moistened with the pure tincture were given, one to be taken night and morning in a spoonful of water. The patient reported some time afterwards that after the first day of taking the medicine the itching ceased, and did not recur."

This is an excellent specimen of thoroughly homœopathic therapeutics. The symptom was troublesome as well as painful; but it stood alone, beyond it there was no evidence of ill-health. There were no indications from which the pathological state on which it depended could be made out. It was just one of those symptoms which, when mentioned to a medical man, are regarded as "Nothing of any consequence," and as not needing any medicine, unless a little zinc ointment or some anodyne lotion. But the careful application of the homœopathic law enabled Dr. Drysdale to prescribe successfully without any pathological hypothesis on which to base the selection of his remedy. Here was a symptom indicating the presence of some unknown morbid condition, on the one hand, and on the other a drug which had, in a healthy person, produced a precisely similar symptom. This drug was given in a small dose, and immediate cessation of the symptom followed. It is an admirable example both of the reliable character of the symptomatology of our medicines and of one of the advantages of Homœopathy. It also shows the necessity of studying the Repertory and the *Materia Medica* when

prescribing, especially in cases where no generalisation is possible.

Before proceeding to point out the practical application of the symptoms I have just gone through, there remain one or two points for our consideration.

*First* of all, while *Ledum* produces some degree of chilliness, especially in the back, hands, and feet, it excites comparatively little true fever.

*Secondly*, nearly all the rheumatoid symptoms are worse during rest. Many come on while sitting still, and are relieved by movement. A few have been rendered worse by walking. Dr. Lembke says, "The pains in the joints were not worse on motion; on the contrary, while they lasted they could only be relieved by moving the affected parts; when the limb was in motion pain was much less severe than when it was at rest."

*Thirdly*, I would have you remember that while muscular structure is invaded by the influence of the drug, it is the bones of the joints, and particularly the smaller joints, that bear the brunt of its action. And once more, I notice that it is chiefly, though by no means exclusively, on the left side of the body that its action is expended.

Now, taking these symptoms of pain in the head, face, back, and extremities, and those of imperfect digestion together, and I think you will find them reflected in many cases of rheumatic gout of a subacute and also of a more or less chronic type. It is in this class of disease that it has been used with the best results. Further, I would suggest that, in prescribing it, you should not be hampered by the idea that you must give it in infinitesimal doses. It is a drug which I am persuaded may advantageously be prescribed more materially than many. For example, in the two following cases of chronic rheumatism *Ledum* was used with the greatest advantage in an infusion and in the mother tincture. The reporter, Dr. Pflange, was a disciple of Rademacher, and he may therefore be described as a three-parts bred homœopath, for there is about Rademacher's method a great deal more of Homœopathy than there is of the traditional therapeutics of the schools, albeit it is Homœopathy without that differentiation which adds so much to the successful practice of our method. These cases are recorded in the ninth volume of the *British Journal of Homœopathy* :

"Mrs. Z—, a needlewoman, 24 years of age, two years married, healthy and robust, experienced one day last winter a paralytic pain in the right hip-

joint on moving it. When at rest she felt nothing, the pain was aroused by walking only; it did not extend, but, according to the patient's description, was confined to the hip-joint. No swelling or redness at the affected part. I could ascertain no cause for this complaint.

"In selecting a remedy, therefore, I was forced to confine myself to the symptoms of the disease. I prescribed an infusion of *Ledum Palustre*; but as the druggist had not the plant I was forced to do something else in the meantime. Agreeably to the doctrine of a widespread school, I made the diagnosis chronic rheumatism of the right hip, and prescribed a mixture in which were mingled several so-called 'anti-rheumatica,' thinking that the right remedy would discover his enemy and beat him out of the field. Along with this I caused a camphor liniment to be rubbed in. In all this I was true to orthodoxy, to whose *ars longa* my long prescription corresponded. The effect, however, was not as I desired; the disease remained *in statu quo*. After a fortnight had been wasted in this manner the *Ledum* at length came to hand. I caused a scruple of this to be infused in a *chopin* (nearly equal to a pint) of boiling water, the infusion to be strained, and a tablespoonful to be taken every two hours. In two days the affection, which was much relieved the very first night, had completely disappeared."

"S—, farm labourer, 50 years old, came to me six weeks ago, and complained that for several years past, when he was somewhat longer on his legs than he was used to in his agricultural occupation, he was attacked in from one to two hours suddenly with the most violent pain in the hip-joint, giving the sensation as if he had boiling water in the joint; he then required to sit down, and needed often several hours of rest before the pains remitted sufficiently to allow him to walk on. No change was perceptible at the part; pressure was borne well; when at rest, and during his usual occupation in the fields, he never experienced the slightest pain. In his early years he had suffered as he alleged from itch and rheumatic pains in the joints, but no further effects or after-ailments had resulted from the former. With the exception of the above ailment the patient was quite well. I ordered him to take that very morning six drops of tincture of *Ledum* (prepared with one part of the plant to ten of rectified alcohol) in a half cupful of water, just before he had to make a long excursion on foot, when he would have to anticipate an attack. Three weeks after this he reported to me that after using the remedy for eight days he was already much better, for, during a walk of four hours, he had no occasion to stand still and rest himself, but had only felt a few slight shoots in the joint. After using it for three weeks he felt no pain although he had a severe walk of five hours' duration to come to me. The same was the case on the occasion of another walk of the same kind."

In both these cases considerable doses were given, and successfully; but, on the other hand, the late Dr. Clotar Muller, of Leipsic, states that he regards the 3rd and 6th dilutions of *Ledum* as "a tolerably sure remedy for certain rheumatic sufferings, especially in the sacrum and the knee."

*Ledum* appears to produce some irritation of the larynx and trachea, which expresses itself in stitches and tickling with a short dry cough. Hahnemann records expectoration of blood, somewhat profuse and bright-red in colour, as having been caused by it.

There is also heavy breathing on awaking. Dyspnoea and difficult inspiration while sitting, with soreness of the



sternum and a sense of suffocation. Attacks of tightness around the chest, rendering respiration difficult. Further, a sense of pressure on the walls of the thorax is repeatedly noticed. It extends over both sides of the chest and renders respiration difficult. This sense of pressure, together with muscular stitches, acute pains between some of the costal cartilages, with pressure and dull pain in the sternum, constitute the chief symptoms evoked by the action of *Ledum* on the chest.

They all point to a rheumatic-like condition of the thoracic muscles rather than to any irritation of the mucus or serous structures of the lung.

In its action on the skin *Ledum* produces an eruption like small millet seeds over the trunk or lower extremities, with itching during the day. The eruption is red and dry, and is the seat of stinging, itching, and needle-like sticking pains.

Teste, in his *Materia Medica*, says that *Ledum* produces an eczematous eruption with a tingling itching that spreads over the whole body, penetrates into the mouth, probably also into the air-passages, and occasions a spasmodic cough, which is sometimes very violent, and might be mistaken for hooping-cough.

He further states as "a remarkable fact," which he was the first to point out, "that *Ledum* is to wounds inflicted with pointed instruments what *Arnica* is to contusions." He proceeds as follows:—

"Guided by a few of its cutaneous symptoms, which seemed to me to agree with the use that was made of this drug in domestic practice at the time of Linnæus, I commenced with trying it against mosquito bites, and the result astonished me. A single teaspoonful of a tumblerful of water in which a few globules of the fifteenth dilution of *Ledum* had been dissolved, in a few minutes, I might even say in a few seconds, completely quieted the itching caused by the bite, without any external application being necessary. From mosquito bites I passed to the stings of bees and wasps, etc., as soon as an opportunity was offered, which, happily, was not very long. Here the result was less prompt, but still very satisfactory. In the space of two years which followed these first trials I treated with *Ledum* in the most satisfactory manner, 1st, several whitlows, which had been caused by pricks with the needle, or by stings of insects; 2nd, a violent bite of a water-rat at the index-finger of the right hand in a young man who was catching crabs; 3rd, a serious wound in a young lady, who fell with an embroidering needle in her hand, which was pierced through and through. No hæmorrhage had resulted from this accident, but I observed in this patient that intense cold which accompanies and characterises the *Ledum* fever. In from six to seven days the patient was cured."—*Materia Medica, Hempel's Translation*, p. 76.

This generalisation of M. Teste is not only a very shrewd one, but also one that has been fully substantiated by

clinical experience. Dr. Helmuth, of New York, and Dr. Franklin, who held an important surgical post in the Northern Army during the war of secession in the United States of America, have testified to the value *Ledum* in punctured wounds, in the treatment of which they have found it to be more useful than *Arnica*. For my own part, I have found it rapidly give relief to the stings of wasps and bees. In the *Hahnemannian Monthly* (September, 1875) Dr. B. F. Smith records the case of a boy ten years of age whose first appearance led to the opinion that he was suffering from urticaria, but on being asked what he had been doing during the day, the boy replied that he had been swimming, and that, while dressing, he had been stung by a "yellow jacket" on the right hand, and that immediately he commenced itching and burning all over, and when he got home he "was all broke out." Dr. Smith then prescribed ten drops of the 5th dilution of tincture of *Ledum* in half a glass of water, giving him a teaspoonful every half-hour. In two hours there was a decided improvement. Two more doses were given during the remainder of the day, and the next morning a messenger notified Dr. Smith that his patient was quite well.

Not only has *Ledum* proved remedial of the immediate effects of punctured wounds, but, as the following case, reported by Dr. Godfroid, of Namur, in the *Revue Homœopathique Belge* for October, 1875, shows, it is curative in such as are remote. A boy, eight years old, fell, having a pair of scissors in his hand, and, in doing so, penetrated the skull a little obliquely, and with such force as to fix the points of the instrument in the bone. There was but little bleeding, and *Arnica* internally and externally was prescribed. Dr. Godfroid heard no more of the accident until three months afterwards, when the woman called with her boy and said that from the day of the accident he had been drooping. He began by appearing sad, seeking solitude, and eating little. Then he got thinner and weaker every day. As evening approached he appeared restless and agitated. Then came on epileptiform attacks, lasting several minutes, and recurring at intervals during the night, which was sleepless. Dr. Godfroid found his patient pale and thin, with an air of terror and suffering. He could not even answer the questions addressed to him. The wound showed nothing noticeable. He gave him some globules of *Ledum* 12, to be dissolved in a glass of water, to be taken by spoonfuls. Forty-eight

hours after the administration of the first dose the convulsive attacks ceased, sleep returned, and appetite also. A fortnight later he was quite well.

To conclude, you will find this medicine of most service in cases where the disordered health you wish to relieve is more or less influenced by the gouty diathesis; in headache and Menière's disease; in rheumatic ophthalmia; in chronic rheumatic gout; in eczema of the gouty type, when there is a good deal of thoracic irritation at the same time; and also in the immediate effects of the stings of insects and in punctured wounds; while there is sufficient evidence to render it worthy of trial in the remote effects of such injuries.

It is a medicine which is almost exclusively useful in chronic disease.

Though it has been successfully used in somewhat high dilutions, there does not seem to be any especial advantage for preferring them to the pure tincture, of which you may give two or three drops twice or three times a day. A lotion applied to a bee sting in the proportion of one part of the tincture to ten of water gives relief very quickly.

Tunbridge Wells, July 7, 1883.

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## CREMATION.

By J. P. GEPPERT, M. D., Cincinnati.<sup>1</sup>

THE organisms of this world are in a constant strife for continuance. The low organism preys upon the high, and the higher destroys the lower that it may continue its life. The organisms of the same grade of development are frequently engaged in contention for the idealities and realities of this life. The ever-present disease germs find victims until reduced by energy. The consuming parasite will appropriate the life and substance of the surrounding creatures. The greedy man will take to himself all that his grasping nature craves if the community will permit, and at times wish his competitor could offer no opposition. If he dare not kill him physically he does not hesitate to resort to contemptible means to injure him.

The low parasite enriches itself by destruction. In a

<sup>1</sup> Read before the Homœopathic Medical Society of Ohio, and published in the *Medical Advance*.

broad definition of parasite are brought in many genera. It is difficult to distinguish parasites by unaided vision. Man's parasitic nature is shown in his face. That expresses the internal actions; it is the mirror of impulses and emotions.

The animal organisms are those that most markedly effect unfavourably the condition of man. The invisible germs that are constantly passing through our drinking and breathing media are the producing factors of disease. The germ theory of disease has induced great labour in ferreting out the specific germs, and we are able to designate in many instances the habits, mode of life, and season of activity of these germs. No intelligent physician denies the germ theory, though many unsettled problems still exist.

These germs are low aggregations of energy and material. If we could practically disintegrate these entities there would be an end to one productive cause of ailments. In the aggregations constituting these germs there is less energy than the elements contained molecularly when separated.

The growing plant evolves heat feebly, because in the growth there is disintegration of carbon dioxide, which absorbs nearly as much energy as is given off by the integration of elements forming the body of the plant. In animal life we have different forms of energy, as heat, light, electricity, given off liberally because the substances liberated or excreted are complicated integrations, giving rise to compounds whose molecular construction is built up of many atoms. In the construction of organisms there is a liberation of energy; in the destruction or disintegration of organisms there is consumption of energy. This point, absorption and release of energy, we wish to be specially noted, for its proper application will solve many sanitary problems.

No disinfectant that does not possess qualities enabling it to present energy freely to the molecular constituents of deleterious influence is effective for the purpose of purification. When the integration of organisms is broken up and the constituent elements are separated, the energy is all held quiescent, as it were, and there is none to produce the destructive influence that noxious germs exercise. When what is now the earth was simple elements, or, maybe, all hydrogen, there was more energy present in the substance than ever since the elements united to form compounds. This abundant energy is now markedly present in coal-beds, and has permitted the solid carbon to remain as an elemen-

tary substance. As the energy leaves this earth the compounds become more numerous, and elementary ones are kept in their simple state to a less degree.

We have passive compounds and active compounds. All deleterious influences belonging to the germs are active compounds, and the disintegration of these active compounds is the only practical method to destroy their injurious tendency. Light is a form of energy, and will modify germs. Electricity, another form of energy, disintegrates the obnoxious germs of the atmosphere, rendering our breathing medium purer and more agreeable for respiration. The form of energy most amenable to man is heat. This agent can be brought to act upon all organisms over which he exerts control. Many organisms can be prevented forming through the proper direction of its influence on bodies undergoing a downward metamorphosis. The death of highly-developed large organisms is frequently attended by the production of injurious germs. That, is before the substance and energy forming these organisms can reach the elementary state, there is a deficient supply, or a not rapid enough supply of energy to permit these entering the elementary stage. If we supply energy very liberally we hasten the reduction of these entities to the elementary state, and prevent their remaining at any point in their course toward the desired goal, and thus forming injurious germs. If we supply the needed energy through cremation, perfect disinfection results. The special field for the application of cremation is in the disposition of dead human beings. The lower orders of animals are generally disposed of in such a manner as need not permit their becoming nuisances.

Science demands that the disposition of the dead shall be by cremation. Health has been dethroned because this demand has not been heeded. Logic declares for this method of disposition. Æstheticism has plainly shown its interests are enhanced by cremation. Advanced religion speaks favourably of this growing mutation. Exigency in former civilisations brought this method into employment. Prejudice alone prevents its use now. Unreasoning conservatism will not permit the weighing of the advantages to be secured by its general adoption.

Respect for the memory of deceased friends will not appear in the hauling of their disjointed members to the fertiliser's factory, or their indiscriminate blending with numerous other fragments for making fills. There is probably no

considerable city that has not had its resting-place for the dead removed, and the rapid and constant growth in some cities necessitates many removals. Legislation now forbids the burying of dead within certain limits on purely hygienic grounds. Ground is becoming more and more needed for the living, and we are just awaking to the fact that the earth is for the living and not for the dead.

It is related that within a small cemetery situated in London there were thirty thousand bodies buried in ground not covering more than half an acre. In some instances the neighbourhood has become so polluted by the foul emanations from the graveyards, that have their soil so thoroughly saturated with organic matter, that the mortality is frightful. Churches with cemeteries around them and burials beneath their roofs have had to be abandoned because of their unhealthfulness. It is not uncommon practice, in some parts of England, to find cemetery companies burying eight, ten, or more beings under the same surface. Holes twelve feet deep have been dug, bodies placed over each other, with only a few inches of earth over them, until near the surface. Some of the surfaces of cemeteries in crowded portions of the world have been raised many feet above the surrounding country.

In Naples, the largest city of Italy, containing about 500,000 people, there is a cemetery containing 366 pits, *i.e.*, one pit for each day of the year. Every morning a pit is opened, and all the dead brought there are thrown in the pit, and in the evening the pit is filled and the funeral service is performed over all the bodies at one time.

The following, written by a traveller, about a cemetery in Spain, may not be inapplicable to our own country some day, unless a change is wrought :

"A Spanish Cemetery.—There is a little walled-in spot of sandy, rocky ground, some two miles outside the town from which I write. It is the *cimiteris*, where at last the bones of the Spanish peasant are laid in peace, waiting for the touch of that magic wand which one day is to make all things new. I entered that sacred ground for the first time a few nights since. Much as I had heard of the beauty of burial-yards abroad, I looked at least for decency and cleanliness. The first thing that struck me as I opened the gate and took off my hat was the sickly, putrid smell, that well-nigh caused me to vomit. Close before me, on a rough-hewn, unlettered stone, stood two tiny coffins ; the lids (always

of glass) were not screwed down. I pushed one aside, and there, beautiful even in death, were the rich tresses and pink cheeks of a child of some eight summers. The other was the coffin of an infant. Both bodies were wrapped, as is customary, in coloured silver paper—for the clothes are *burnt* invariably, as they might be a temptation to some dishonest person to exhume the coffin from its shallow grave. Just then I looked down, and lo! the whole place was covered with human bones, lying on the surface. The evening breeze rose and fell, coming from the distant Sierra Morena, and wafted to my feet—it clung around my feet—a light, loose mass, of long, tangled hair. Stooping down to look I saw there was plenty of it about; on the gravestones and around the dry thistles, which grew in abundance, it twined and clung. There was no grass, no turf, only sand and rocks peeping out. This, then, was the end of life's brief drama here; the rude end of a still ruder life! I saw no tombstone worthy of the name. I asked the old grave-digger when would he bury the two little coffins. 'Manana' (to-morrow), he answered; 'but the place is so full I hardly know where to scrape a hole.' Just then I heard the strains of martial music coming near, heralding another corpse and coffin to await morrow's dawn."

In France they are not so superstitious, but there they crowd the coffins and contents as closely together as possible, and should a few short adult coffins come in juxtaposition, they will put infant coffins at the foot of the row, so as to fill up compactly and economise space. These burials, in which there is no earth placed between the coffins, are mere shifts, which are repeated, in some places, every few years, after accumulating the products of funerals. The tombstones are converted into road coverings, and the wooden crosses, coffins, and ornaments are taken to the hospitals for fuel, etc.

In Cincinnati a number of graveyards have been abandoned. One, situated near Central Avenue and Chestnut Street, is now partly covered with buildings. One on Court Street will soon be forgotten. Lincoln Park is on ground formerly used as a burying-place; the human bones in there were carted away not many years ago. Our present new Exposition Building site was used as a burying-ground, and the excavations for foundations exhumed many human bones, which were replanted more with a view to their removal as a source of annoyance than for their preservation.

It is the duty of every intelligent, liberal man who is

without superstition to weigh these matters, and aid in bringing about a proper disposition of the dead. An economical consideration indicates cremation as the proper method for disposing of the dead. In Europe there are many cremation societies, and cremation is becoming popular. One society reports the cost per body for incineration to be \$1.33 to \$1.52, and time required one hour. In our own country the prejudice against it is becoming less pronounced. In the United States there is more money spent for funerals than for all public school purposes, and the amount was nearly three times that spent for all the universities and colleges of America. The average cost per funeral in the United States, if extended only to the Christian world, would be \$800,000,000 annually. These estimates do not make allowance for lost time of attendants of funerals, cost of monuments, tombs, grounds, or loss to community on account of impaired health and depreciation of property in vicinities of cemeteries. The impoverished condition of the Chinese exists largely because much valuable ground is consumed for burials. The Japanese, a better people intellectually, burn their dead. The illiberal, mercenary undertaker has no opportunity to ply his calling so despotically, or induce these residents to believe that the impoverishing process employed by the Egyptians called embalming is their duty, by influencing a superstitious element if present.

The speedy disposition of the dead should be enforced. No efforts to perpetuate a disease-engendering mass should be permitted. Embalming should not be heard of, except in the history of decayed civilisations. No well-authenticated case of premature burial, after an intelligent physician's examination, exists. At Mentz the mortuary contains electrical apparatus, so adjusted as to indicate the slightest movement of any part of the corpse. During forty-five years' observation the alarm was sounded but once, and that was due to the decomposition after death in one old person, attended with escape of gas from the abdomen.

When the world becomes freed of such superstitions as permit such deceptions as are associated with spiritualism and kindred frauds to thrive, and man's mind and talents are occupied in something more noble than looking for spooks, and censuring minds better qualified to interpret phenomena, because they will not accept the ridiculous interpretations put upon these phenomena, then will cre-



mation be popular, and minds like that of Darwin, author of the lines below, be appreciated :

" Star after star from heaven's bright arch shall rush ;  
Suns sink on suns, and systems systems crush ;  
Headlong, extinct, to one dark centre fall,  
And Death, and Night, and Chaos mingle all ;  
Till o'er the wreck, emerging from the storm,  
Immortal nature lifts her changeful form,  
Mounts from her funeral *pyre* on wings of *flame*,  
And soars and shines another and the same."

## A CASE OF EPILEPSY CURED BY ARNICA.

By J. FOSTER, M.D.

ALTHOUGH the pathogenesis and the curative sphere of *Arnica* in spasmodic diseases are not unknown to Homœopathy, the following case may be of interest, as showing the precision of the law of similars where a single medicine can be allowed to act by itself.

J. H. A., a farmer, 24 years of age, tall and fairly well built, and of active habits, had two and a half years before been pressed between a cart and a wall, the chest and abdomen coming in contact with the stonework, while he was struck across the loins by the projecting portion of the cart. He experienced at the time the ordinary sensations of a bruise or sprain, or both, but was not prevented from following his usual occupation. In the course of a few weeks, however, he found himself unable to undergo any severe fatigue, and in the course of three or four months epileptic attacks gradually set in, which under various allopathic handling with chloroform, bromides, Calabar bean, etc., steadily became more severe, and then recurred at intervals of two to three weeks.

On seeing him on January 8, 1880, I found that the attacks appeared at about seven o'clock in the evening, commencing with pain above the pubes, and micturition every quarter or half hour. The pain, which he described as heat and pricking, gradually extended across the pelvis to the spot where he had been injured, and it then continued along the spine to the head, when a series of convulsive movements of the muscles of the limbs and trunk set in, during which he was in a semi-conscious condition. The body and limbs were fixed sometimes in one posture, sometimes in another,

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and in the intervals of the spasms the hands were placed either to the head or over the bladder, in both of which places he complained of the most violent pains of the same burning and pricking character. The urine was free from albumen, and the stream normal. He usually urinated hourly in the day and night, but before falling asleep it occurred five or six times. There was tenderness along the whole of the lumbar vertebræ. The region of the pubes was free from tenderness to touch or pressure. No weakness of the lower extremities. The bowels acted twice daily. From the history of the case and the close similarity of the conditions there appeared to be quite clear indications for immediate palliative as well as curative treatment, so that I prescribed *Arnica* 12 three times a day.

Jan. 12.—Had had no more attacks. Pricking pain ceased, but burning pain increased from severe exposure to wet. To continue medicine.

Jan. 15.—Back pain gone and heat lessened. Repeat medicine.

Jan. 22.—Heat much less. Is now felt chiefly in the morning on waking, together with the pain at the pubes. Rises two or three times in the night to urinate, and in the day it occurs at about two hours' interval. To continue the medicine morning and evening.

On Jan. 29 a message was sent that he felt well enough to discontinue treatment.

Six months later, on August 2, I had a sudden message that the spasms had returned, and the friends feared he was dying, etc. On reaching the house I found the attacks had reappeared after he had had a long exposure to sea-water. The urine was voided frequently with intense burning pain, and the pains in the back and head were intense, and I learned that the symptoms had never wholly disappeared. I again gave *Arnica* 12 every two hours.

On the following morning, August 3, I found he had slept soon after the second dose, and the other symptoms had abated. To repeat medicine every four hours.

Aug. 4.—One slight attack on the previous evening. To continue medicine.

Aug. 7.—No further attacks. Pain simply burning. Repeat medicine three times a day.

Aug. 14.—Pain scarcely perceptible. Only rises at night once to urinate. Repeat medicine morning and evening.

Aug. 28.—Urines every two hours. Otherwise well.

Repeat medicine every morning for a week : then to wait a week.

Sept. 13.—Free from all pain and irritation.

Dec. 9.—Reported himself well, and asked if he could marry.

More than two years have passed, and he remains well in every respect.

15, Eccleston Street, Eaton Square,  
June, 1883.

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## CASES CURED BY LAC VACCINUM DEFLORATUM.

By S. SWAN, M.D., New York.

It is the fashion of some *soi-disant* homœopaths to sneer at the provings and cures attributed to this remedy and its allies, forgetting that this very remedy has been extensively used in diabetes and Bright's disease by Drs. Donkin, Mitchell, and others, and that *Lac Caninum* has been successfully used by the allopathic school in rachitis. It is useless to write for stereotyped fossils, but to those who are receptive of progressive truth the following cases will be of interest:—

(1) Judge M. For years has been subject to attacks of bloating in epigastric region, and with it would always have an attack of asthma, so that he could scarcely breathe; then he would have a hard pressive pain at about fourth cervical vertebra; pressure round the breast (but not like the grasping of *Cactus*), with the dyspnoea; great despondency on account of the disease, has no fear of death, but is sure he is going to die in twenty-four hours. These symptoms were only relieved by purgative medicines; was always constipated. *Lac Vaccinum Defloratum* in a high potency cured.

(2) Miss Caroline B., æt. 18. About 7 or 8 p.m. becomes so sleepy that she cannot resist, and has to lie down; about 9 p.m. a very hot fever comes on, during which she sleeps; the fever continues till near morning, when she wakes in a profuse sweat, which stains the linen yellow and is very difficult to wash out. During the day the back usually feels cold; short dry cough, with difficult expecto-

ration of a small lump of mucus, which relieves the cough. Irregular menses, sometimes very dark and scanty, sometimes colourless water. Pimples on face and forehead. *Lac Vaccinum Defloratum* 1m (one dose) completely cured her.

(3) Miss Bella B., æt. 13, dark hair. For the last year has had severe headache at times, and great pain across umbilicus; also pains passing down under-side of thighs to heels; pains in top of feet, as if bones were broken across instep. These pains in legs and feet would come on as soon as she stepped upon them in the morning, upon which she would become faint and nauseated, and have to lie down; would have to lie down three or four times before she could get dressed. *Lac Vaccinum Defloratum* in a high potency cured her. Three or four months afterwards the headache returned, and was again cured by the same remedy.

(4) Severe headache, with a sensation as if the top of her head was lifted up, and was raised about five inches, and all the brain were coming out; head feels very hot; motion increases the pain; the face feels as if the flesh was off the bones, and the edges separated and sticking out. Was better in five minutes after a dose of 1m, and next morning was well.

(5) Pain commencing in and above inner end of right eyebrow, in organ of size and weight, before rising in morning; soon after rising, the pain passes down into eyeball, increasing in intensity till afternoon, when it becomes unbearable. It is worse by walking, and particularly by sitting down, though ever so carefully; also by heat radiated from the fire, or by stooping; better by pressure; light did not aggravate it; eye looked natural; pressure on temple disclosed strong pulsation of the artery; pain ceases at sunset, and does not return till next day. *Lac Vaccinum Defloratum* CM completely cured.

(6) A woman had been suffering all the afternoon from a sudden suppression of menses, caused by putting her hands in cold water to rinse out some clothes. Great pain in uterine region, intense headache, aching pains all over, fever, flushed face. One dose of 1m in water put her to sleep free from pain, and she slept all night. Next morning had a slight flow; another spoonful brought on the flow properly, and by 11 a.m. she was able to attend to her duties, feeling entirely well. The flow continued the usual time. The pain ceased *before* the flow was restored, which

proves that it was a homœopathic cure and not a natural recovery.

(7) Dr. J. C. Boardman cured with 10m intense aching pain with soreness and heaviness of whole head; face deathly pale, and dreadful weakness and prostration.

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## TWO CASES OF SCIATICA CURED BY ACONITE, ILLUSTRATING THE VALUE OF A KEYNOTE.

By DR. HARMAR SMITH.

CASE I.—Mrs. C., middle aged, Ramsgate, September 22, 1882, says that she has had sciatica for two months; has taken various homœopathic remedies, under the guidance of domestic treatises, with little result, except to shift the pain from the loins to the inside of the thigh. The pain now extends from the left groin to the knee, doubtless affecting some of the internal muscular branches of the sciatic nerve. It is darting, slight, burning, *but numbing*, “*as if the part was going to sleep.*” It often comes on during the night, but is generally increased by movement.

Tinct. *Aconite* 1x, one drop every four hours.

I was led to choose *Aconite* by the characteristic *dead, numbing pain*.

I promised to call again in a few days, but my patient particularly requested me to call on *the next day*. I, however, received a message on that day to say that she was so much better that she would be glad if I would postpone my visit for a few days.

26th.—Pain very much lessened, but not quite gone; not at all in bed, and very little when she walks.

Continue *Aconite* 1x, two drops for a dose.

30th.—Pain quite gone; no pain even on walking; “a sort of recollection of it;” has had no pain in bed, when it was worst, since she began to take the medicine.

Tinct. *Aconite* 30, three times a day.

I have seen this lady several times since, and she has stated that there has been no return of the complaint, and she has shown her gratitude by sending me several patients.

CASE II.—Mrs. R., Ramsgate, March 5, 1883. Came to me complaining of severe pain in the course of the great sciatic nerve, which she said came on gradually. *Numbness* was a prominent symptom, as in the former case.

I prescribed *Aconite*, one or two drops of the 1st decimal dilution three or four times a day.

She did not call again, and I have recently heard that the reason of this was that she had had no return of the pain.

The value of a "keynote" is seen by contrasting the rapid recovery of the cases I have detailed with the obstinacy of some which we are called to treat occasionally. For example, I attended a case of sciatica last summer which proved little amenable to treatment, although I had the advantage of consultation with a very able colleague.

South View House, West Cliff, Ramsgate,  
July 12, 1883.

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## REPORT OF AN EPIDEMIC OF DIPHTHERIA IN HASTINGS, MICHIGAN.

By I. DEVER, M.D.

FROM June to December, 1881, the city of Hastings and country surrounding were visited by an epidemic of diphtheria, which assumed a virulent type.

It was no respecter of persons. Every age, sex, and condition were subject to this terrible disease, and all more or less felt the epidemic influence.

Many sickened and died in from four to eight days; while others escaped death from the acute symptoms, to finally succumb to septæmia.

No cause can be assigned to this special dispensation of Providence (?) except the bad sanitary condition of the city, which is located on all sides (except the top and bottom) of a mill pond, which runs low in dry weather, when it sends up a stench which stinks to heaven.

The greatest number of cases were reported during dry, hot days; while *damp, cool* weather invariably ameliorated the condition of the sick, and reduced the number of cases reported.

But little doubt exists in regard to the contagious nature of diphtheria; while the stage of incubation is yet a mooted question.

My friend E. H. Lathrop, M.D., who has had large experience during the late epidemic, claims five days for this stage. However, I think there are too many exceptions to regard

this as the rule, as many cases are not taken for from two to three weeks after exposure to the disease.

The number of remedies which we found indicated were limited to *Apis*, *Kali Bich.*, *Lac.-Can.*, *Lachesis*, *Lycopodium*, *Mer.-Cyan.*, and *Rhus Tox.*

Case 1. Was called to see Graca —, aged 10. Pulse, 130; temperature, 105; respiration, 28. Throat swollen; laboured respiration. On examination of the throat I found the fauces red and swollen; breath fœtid; diphtheric deposits on the tonsils; mouth and throat full of tough saliva; cough dry and worrying, as in a bad case of croup; tongue coated white; urine voided in small quantities, with stinging, burning pain. Two months previous she had paralysis of the left arm and hand. Her mother was greatly alarmed, as all who had been taken in the neighbourhood had died. Gave *Apis*, 12 cent., which brought about a rapid recovery.

Case 2. Agga Y—, aged 14. Pulse, 117; respiration, 21; temperature, 103½. The throat presented the appearance so well described in Kane's excellent work on pathology: "Dark red, angry streaks of capillaries in the fauces," which gave place to a shiny, glistening deposit, or tough membrane. The half arches were filled with a sticky, fœtid saliva. *Lac.-Can.* 200 cured in a short time.

Always gave *Kali Bichr.* when I observed the characteristic indications: left side, pain into the left ear; ulcers in throat look as though they had been punched out; saliva fœtid and drawing into threads. *Lachesis* when the difficulty began on the left side. Parts aggravated by touch; suffocating feeling. Always worse after sleep. Cannot bear anything tight around the throat. Cannot protrude the tongue. The tongue trembles.

*Lycopodium* for right side diphtheria. *Mercury* was given for those characteristics peculiar to the remedy which can be found in any work on *Materia Medica*.—*Medical Advance*.

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## CLINICAL CASES.

By WILLIS P. POLHEMUS, M.D.

MR. B., æt. about 50. Health usually good. About six months ago, while on a visit in a neighbouring State, was attacked with diarrhœa. Has been under the care of a homœopathic physician, with partial relief. Now has grown worse, and is as bad as ever. His symptoms are: somewhat

debilitating morning diarrhœa; stool preceded by much rumbling in the bowels, "rolling of wind;" stool consists of solid chunks mixed with fluids, colour not known. Desire imperative; must not delay. Four powders of *Aloe*, 30th. Three more powders of same, 200th, cured.

Willie C., æt. 12. Has had ague nearly six months. Suffered with quininism again and again. Present symptoms: has a dry, hacking cough before and during chill. Let all other symptoms slip, and gave *Rhus Tox.* 3x, on Carroll Dunham's recommendation. Cured in a week.

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By S. E. BUECHFIELD, M.D., Latrobe, Pa.

### 1.—*Aloe* in Headache.

MR. W. Farmer, æt. 64, Ionia, Mich. For about a year and a half has been troubled with a dull, frontal pain in head, commencing about 2 a.m., and waking him from sleep, but soon he will fall into a troubled sleep, to be awakened later by the distress from accumulations of gas in the umbilical region. The flatulence increases until about 5 a.m., when he is compelled to go to stool hurriedly, and is relieved by passing much wind and a little frothy mucus. The stool at other times is normal but scanty. *When the headache is bad the flatulence does not bother him much, and vice versa.* Gave *Aloe* 200 twice a day, and at a recent date he reported much relief.

### 2.—*Bryonia* in Reflex Dyspepsia.

Miss B., æt. 27, brunette, nervous, excitable, ill for several months, hysterical at times, irritable, easily made angry, *tongue clean* but much nausea, loss of appetite, and constipation. Food does not taste natural; no thirst. Debilitated. Disposed to brood over her symptoms. Desire to get away from home; much tenderness over ovaries; amenorrhœa for two months; chest sore. The three tender spots of Valleix are well marked—namely, one under the left mamma, one at the base of the left scapula, the third at the exit of the posterior rootlet of the sixth intercostal nerve from the spinal column. Pulse not accelerated. *General condition much aggravated by motion.* *Bursting headache* at times, *can lie on painful side.* She has also the peculiar expression of face and the flashing of the eyes indicative of ovarian trouble. I considered the dyspeptic symptoms entirely reflex and



diagnosed the case as one of *ovarian dyspepsia* as described by Fothergill. On August 29th, 1882, I gave *Bry.* 3x, every two hours, and on August 31st I found my patient very materially relieved. She said the improvement began after the second or third dose, the disagreeable mental symptoms being the first to disappear. The improvement continues at date, September 19th, 1882.

### 3.—*Lachesis* in Dyspnœa.

On October 28th, 1881, Mrs. A., æt. 70, wrinkled and thin, came into my office, having been attacked on the street by palpitation and pain about the heart. She said that for several years she had been subject to such sudden attacks of palpitation accompanied with dyspnœa, pain, faintness, blueness and coldness of skin, stiffness and numbness of joints, and a disposition to fall wherever the attack comes on. During these paroxysms I learned that she had great sensitiveness of the neck and chest to touch, even her clothes being oppressive. Under *Lachesis* 30, a dose three times a day for a week, she made excellent improvement, no return of the attacks up to January 1st, 1882. For three years she had received allopathic treatment for the same trouble, but without material benefit.

### 4.—*Spigelia* in Neuralgia.

On November 12th, 1881, Mrs. S., a washerwoman, æt. 30, came to me complaining of neuralgia. She said that she has had frequent and violent attacks of same character for two years, having been treated heroically with only temporary relief, the attacks soon returning as severe as ever. The attacks of pain usually began in the morning, grew worse as the day advanced, and sometimes disappeared in the evening, sometimes not. The pains began in the left occipital region, and came forward into and over the left eye, the eye was very painful when moved; she preferred moving head instead; the pains were also aggravated by noise and by a jar. Nothing gave relief but pressure and quiet.

I medicated three powders of *Sac. Lac.* with a few drops of *Spigelia* 30, one of the powders to be taken immediately, and the others reserved for a fresh attack. In ten minutes after taking the *Spigelia* her neuralgia began to disappear, and in an hour was entirely gone. The most interesting fact is that it has not returned to date (Sept. 18th, 1882). A cure by a single dose.—*Medical Advance.*

## ACTION OF QUININE UPON THE EAR.

At a meeting of the Boston Medical Improvement Society Dr. Orme Green read a paper on the above subject (*Boston Med. Journal*, March 3), in which he observed that the effect of quinine in inducing tinnitus aurium is so well known that it is apt to be considered as of no consequence, and lead to the neglect of an important subject. Cases have come under his observation which have convinced him of the great injury often done; and as these observations agree with the known pathological tendencies of the ear, and with the more recent physiological experiments on the action of quinine, he wishes to direct attention to the subject, especially as writers upon materia medica say very little about it. It was formerly believed that quinine produced contraction of the blood-vessels and anæmia of the ear; but Von Graefe, Hammond, and Roosa have since shown that congestion of the visible vessels of the organ is the result produced. "From the very close relations of the vascular system of these three parts—the membrana tympani, the tympanum, and the labyrinth—and from the appearance of congestion as the direct result of the administration of ten and fifteen grain doses in the carefully conducted experiments of Roosa, we have strong evidence that the effect of the drug upon the ear is congestive rather than anæmic; but, inasmuch as the amount of congestion visible in the manubrial vessels was slight, and disproportionate to the intensity of the tinnitus, it seemed reasonable to conclude even from these few experiments that the congestion of the deeper cavities was greater than that seen on the periphery, so to speak, of the vascular system; and as the nervous structures within the labyrinth are the undoubted seat of subjective noises, it was probable that the labyrinth was the chief point of congestion." Recent observations of Kirchner (*Berliner Klin. Woch.*, 1882, No. 49) confirm this view, showing that not only congestion, but active inflammation, and even hæmorrhage, may be produced. Speaking of the results of his experiments on rabbits, cats, and dogs, Kirchner says:—

"From these observations it is certainly evident that quinine and salicylic acid (which produces clinically the same symptoms as quinine) may produce changes in the important parts of the ear which may not only injure, but even wholly destroy the hearing. The involvement of the labyrinth in the hyperæmic condition could not exist for any

length of time without serious injury to the ultimate fibres of the acusticus. The clinical appearances of deafness produced by quinine point to the same thing: usually pain in the depth of the ear is complained of, as was also observed by Roosa—often intermittent, often very severe; and sometimes otitis externa is seen as a complication. In the examination of trustworthy persons, who have declared that their deafness was due to large doses of quinine, I have repeatedly seen a marked opacity of the drum-membrane, a condition which, as a rule, is to be regarded as the residuum of a chronic inflammatory process, and due to thickening of the mucous membrane lining the inner side of the drum-membrane. The symptoms in the labyrinth are also characteristic, and point to an organic change in the ultimate fibres of the acusticus. Just as in syphilis, so in quinine-deafness we find diminution in the perception of a vibrating tuning-fork placed on the bones of the head, and a defective perception of the higher tones. In quinine-deafness we are, then, dealing not alone with a simple irritation, a simple nervous excitement of the organ, which will pass off without leaving injury, but with an inflammatory process, and (possible) permanent pathological changes."

The researches of Toynbee, Von Tröltsch, Schwartz, Grüber, Wendt, and others have proved that the mucous membrane of the tympanum is especially liable to inflammation; while those of Politzer exhibit most completely the microscopical changes which ensue, showing that the connective tissue is the portion of the structure in which the alterations producing permanent impairment of the functions of the conducting apparatus are most common. "These changes consist in an infiltration of round cells, which become organised with new fibrous connective tissue, by which the delicate and movable mucous membrane is converted into a hard, stiff, and adherent membrane, liable with time to a sort of cicatricial contraction, and producing immobility of the parts of the conducting apparatus covered with the affected mucous membrane. This connective tissue is subject also to still further alteration, such as calcification and ossification." The labyrinthine structures, being so delicate and lying so deep, have been much less thoroughly examined; but clinical experience shows us the frequent loss or diminution of perception by bone conduction, which there is every reason to regard as due to the extension of the congestion of the tympanum to the labyrinth, showing

that a marked and long-continued congestion of the nervous apparatus is liable to produce serious injury. Too much stress, however, must not be laid upon the thickening of the mucous membrane observed by Kirchner in cases of quinine-deafness, as such may be the result of some old inflammatory process. No one as yet has watched a membrana tympani normally translucent become gradually opaque as the result of quinine treatment.

After referring to the analogous affection, quinine-amaurosis, and suggesting that the two affections are probably due to the action on the vaso-motor nerve-centres, Dr. Green goes on to observe that the congestion thus produced explains the fact, observed clinically, that quinine may increase any existing inflammation in the tympanum, leading to a greater degree of deafness at the time, and to still further tissue-changes. In the view of these facts, and of the constantly recurring experience that patients refer their new aural symptoms, or the aggravation of the old ones, to the quinine given, ought we not, he asks, pay more attention than is usually done to these effects? Of the great value or even absolute necessity of the drug no doubt can be entertained; but there are many cases in which it is given in larger and longer-continued doses than are required, tinnitus aurium being the signal of congestion of the labyrinth having taken place. And even when a case requires the quinine to be persisted in, in spite of the congestion produced, its administration might be suspended for one or more days, converting the continuous congestion into the less dangerous form of an intermittent congestion. Dr. Green thus sums up his paper:—1. Clinical experience the world over is that quinine occasionally produces serious injury to the ears. 2. From our present knowledge, both clinical and experimental, we are justified in asserting that the action of quinine on the ears is to produce congestion of the labyrinth and tympanum, and sometimes a distinct inflammation with permanent tissue-changes. 3. That the action of the drug upon the ears should always be considered in prescribing it; and changes in the ears due to existing or previous inflammation constitute a contra-indication to the medicine in large doses or for a long time, except under urgent circumstances. 4. That when large and continuous doses are absolutely necessary, an occasional intermission is desirable in order to diminish the risk to the ears.

In the discussion which followed, Dr. Fifield observed that he felt alarmed at the enormous doses of quinine and salicylic acid given by men fresh from the schools, as if reduction of abnormal temperature and pulse were the only ends in view.

Dr. H. W. Williams remarked that it seemed an enigma that the ear should be congested while the eye is rendered anæmic from quinine. He has seen this form of blindness only after long courses of large doses, and in these there has been slow recovery.

Dr. Lyman also deprecated the large doses of quinine now given, and he found that abatement of high temperature may be accomplished by giving one large dose (ten to fifteen grains), and repeating it, if required, for several days. He had rarely, if ever, seen this followed by tinnitus. When there is any tendency to congestion, he combines the quinine with bromide of potash. He had seen more disturbance produced by small doses repeated for a long time than by the occasional use of a large dose.

Dr. Hodges said that, apart from its use in intermittent fever, he was not aware that quinine produces any beneficial and well-established effects, while it gives rise to many discomforts and dangers. The transient fall of temperature which is sometimes induced by large doses attracts attention and fixes itself upon the memory; but the numberless cases in which the drug fails are probably more familiarly known to physicians than its successes.

Dr. Edes has been familiar with moderate quinine-deafness, but he believes that permanent deafness is a rare though perfectly well recognised accident. Facts of this kind, as well as of amaurosis, are reported in the elaborate work of Briquet—all occurring after large and continuous doses. Briquet refers to physicians who employed quinine on a large scale, and who found that the deafness which ensued always disappeared in a few days; and from inquiries which Dr. Edes has made among New York aurists he arrives at the same conclusion.

Dr. Baker had very often given thirty to thirty-six grains daily for many days, and, although his cases have remained under long observation and often return, he knew of no bad effects that resulted. He had seen deafness and blindness from thirty-eight grains in an hour, but these passed off in a few days.

Dr. Green observed that his paper was meant as a caution

against the abuse of the drug. Most of the cases get well, but some do not.—*Medical Times and Gazette*.

### OBSERVATIONS AFTER DECAPITATION.

DR. F. HOLMGREN communicated to the Upsala Medical Society an account of some observations he had made on the occasion of the decapitation of two criminals. Three seconds after the decollation of the first of these the eyes were widely open and the pupils contracted; twenty seconds after, they commenced dilating, the dilatation being completed in about two minutes, after which they remained in a state of medium contraction. Twenty-five seconds after decapitation the eyes turned upwards and to the right. Reflex movements commenced after forty-four seconds in little twitchings of the muscles of the neck, after which violent contraction supervened; the mouth was drawn downwards and to the left, the tongue also seeming deviated to the left. Some seconds later, the mouth, which had been widely open, closed slowly. And then, after some slightly rhythmic movements of the muscles of the face, at one minute and forty-four seconds after the execution, complete repose ensued. From the surface of the section of the neck blood escaped with a hissing sound, and in a jet one metre in length; and thirty-five seconds later there was still an intermittent, jerking discharge of blood. No movement was observed in the body after decapitation. At the second execution Dr. Holmgren was placed so as to observe the eyes during the decapitation. At the blow of the axe there was no winking of the eyelids, and the culprit had kept his eyes wide open the whole time his head was on the block. After the head had fallen the same phenomena were observed as in the first case, the jet of blood extending to 1.33 metre. The author concludes from his observations that sensation disappears instantly, and that decapitation is consequently not a painful operation.—*Rev. Méd., May 26*.

### THE PEARCE FUND.

Midgley Caah, Esq., M.D., Torquay .....	£2	2	0
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S. Francis Smith, Esq., L.R.C.P., London .....	2	2	0
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Further contributions to be announced in our next issue.

## CASE OF CARIES OF THE SPINE CURED WITH SYPHILINUM.

By E. B. NASH, M.D., Cortland, New York.

THE child had been under my care for over two years, and several physicians, including the lamented Dr. H. V. Miller, had seen her, but could suggest nothing besides the usual remedies which I had already given. The caries and curvature were in the cervical portion of the spine; the curvature very great, directly forwards, the occiput sinking down to a level with it. The amount of calcareous matter discharging from it would often amount to nearly a teaspoonful at a time; and when the moist part of the discharge was evaporated, there would be left a large quantity of a white dry powder looking like phosphate of lime. The pain was always in the curvature, and *always worse at night*. This characteristic led me to *Syphilinum*, of which I gave CM (Swan) once in ten days. Three doses cured; in one month the discharge had ceased entirely, and the child, who before was weak, pale, and emaciated, grew ruddy and strong. She is still a hunchback and a dwarf, but has never had any recurrence of the pains or ulceration since, now four or five years ago. There was no positive proof of hereditary syphilis.

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## PROVING OF LAC CANINUM.

By Professor E. A. FARRINGTON, M.D., Philadelphia.

I GAVE *Lac Caninum* 10 M (Swan), four doses daily for three or four weeks, to a lady twenty-five years of age, in excellent health except that she had never menstruated.

Oct. 19. Dizzy, nausea, as after rich food; worse after standing, must sit down; feels as if she would fall if she closed her eyes.

Oct. 26. The same nausea. In stomach feeling as if something were pushing up.

Nov. 6. Acute pain across over eyes and bridge of nose. Cannot clear the head, nose stuffed. Soreness from nose through into throat. Feeling of a lump in throat, which goes down when swallowing, but returns; throat worse right side, worse on swallowing saliva. Tired, totters when walking.

From November 8th until January 5th she suffered from the following. They were so evident to her that she came

into my office crying, fearing she was contracting consumption. I give them in their order of appearance.

Clavicles sore to touch. Feels as if she wanted to fix shoulder so it would not feel strained. Pain and stiffness up right sterno-cleido-mastoideus. Throat, which had been getting well, suddenly one evening grew rapidly worse, but this time on left side. Soreness from right clavicle down to third and fourth ribs, worse on moving, less on left side. Fears consumption. Soreness through chest to back. Cramped feeling in chest, wants to stretch up and back. Lungs feel as if fast to chest, worse while writing. Right clavicle feels as if out of place, worse by moving shoulder. Pains down right arm and in fingers, which feel cramped; don't seem to have the same power in right hand. Sore across mid-chest during forced expiration; feels just as if she had been struck. Veins in hands look bluer than usual; they are swollen. Every scratch gets sore. Sore spot just to right of mid-sternum, worse from lifting or from pressure. Right cheek burns like fire and is red after coming in from the cold. (She remarked, "If this was the cold alone, why wasn't my left cheek red?")

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## WINE MANUFACTURE IN FRANCE.

THE *Globe* says that drinkers of French wines will be interested in the following statement of analyses of wines made at the Municipal Laboratory of Paris, for although all wines and liquors imported into France are subject to analysis at the Customs before delivery to the importers, so that if found adulterated they are not admitted to entry, there is no inspection or examination whatever of wine exported. According to the following figures it would be well for consumers if some examination did exist. In 1881, 3,001 samples were analysed, the result being that 279 were found to be good, 991 passable, and 1,731 bad, while in the first five months of the present year 1,869 samples were analysed, out of which 372 were good, 683 passable, and 814 bad, 145 of these latter being pronounced decidedly injurious. The American Consul in Paris calls the attention of his government to the manner in which French wines are adulterated otherwise than by mixing those of poor quality with stronger wines or brandy, such mixing not being



necessarily prejudicial to health. A liquid is largely sold as wine which is manufactured of water, vinegar, and logwood, with a tenth part of common wine from the South of France to cover the fraud. Not only is wine falsified by adding cider, sugar, molasses, tartaric, acetic, or tannic acids, sulphuric acid, lime, alum, bitter almonds, leaves of the cherry laurel, etc., but it is largely manufactured without the slightest pretence of being associated with the grape. The result of a fermentation of the juice of the grape is imitated by means of fermentation with water and sugared substances, such as syrup of feoula, dried fruits, and raw sugar, or of juniper berries, coriander seeds, and fresh rye bread. After fermentation the liquor is racked off, and if it is not sufficiently coloured an infusion of red beet or myrtle berries is added. In order to correct the acidity, some makers are unscrupulous enough to use litharge, thus affording to the drinkers the probable chance of an attack of colic. In the departments of Hérault, Pyrenees, and Var, lime is used to heighten the colour of the wine and reduce the lees; but by so doing chemical changes supervene, with the effect of a purgative and even corrosive nature to the liquid. Alum is principally used to produce the styptic which belongs to Bordeaux wine. The colouring matters generally used are dwarf and black elderberries, myrtle and phytolacca berries, Brazil and Campeachy wood, beet-juice, rose mallow, cochineal, fuchsine or aniline red, and, more especially, grenat, the residue of the fabrication of fuchsine, of red or violet aniline, and rose aniline sorts. Some of the colouring wine tinctures sold under fancy names contain arsenic. The most successful of all these colouring matters is the brown grenat, which imitates as nearly as possible the natural colour of wine, while its elements are very nearly the same. The logwood appears to be most in favour in the Paris manufacture of wine, as it gives young wine the colour of the old; while beet, fuchsine, and cochineal are the usual agents in the south of France, and the elderberries are most used in Portugal and Spain. This latter offers to the consumer the advantage of being of a purgative character, and thus enables him to kill two birds with one stone.

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## DUTY ON BOOKS IN AMERICA.

WERE we not English, we should like to be American, and were we of American nationality we should be ashamed to think that our great nation levied a tax on books imported from abroad, even from England! That brother Jonathan should send us bacon, and cheese, and corn, and cotton no end, and find himself growing rich thereon, is a thing we do not complain of; that he should send us his books rejoices us, and we buy them freely, and levy no tax on them. Not only do we not levy any tax on American literary productions, but we always feel ourselves under obligation to the purveyor of a good book. Did we think that Oliver Wendell Holmes could not send us his brain productions without our exacting a tax thereon, we should blush for very shame.

Brother Jonathan, tax our stuffs, our ships, our machinery, and our beer, if you like, but give over taxing our books, lest we think of you as a mere dollar-loving grab.

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Obituary.

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## JOHN REES CROKER, ESQ., M.R.C.S. ENG.

WE are unfortunately again called upon to notice the death of a colleague, this time an old King's College man, Mr. Croker, of Malvern Link, Worcestershire.

The deceased gentleman was formerly an officer in the Bombay army, and left the service for conscience' sake. We had not the honour of knowing Mr. Croker personally, and hence we complete our short notice by giving that of the *Malvern News* of July 14th, 1883:—

“We very much regret to announce the sudden death of Mr. John Rees Croker, surgeon, of Malvern Link. On Thursday, about noon, Mr. Croker went to his surgery near Bedford House, Link Top, to attend to his duties, and after giving some directions to his son William, he went in and sat down on a chair. His son heard him making a peculiar noise in his throat, and upon going to him found him in a dying state. Mr. E. Wadams was sent for, but although he was at once in attendance his services could be of no avail, for he found life was extinct. Mr. Croker was a member of

the Link Local Board, and a regular attendant. He had a large practice, and will be greatly missed by all who knew him, being much respected and widely known. He was ever ready to work for the good of the district in which he resided. We deeply sympathise with his widow and family in their bereavement. Mr. Croker has been a long resident in Malvern. He was sixty-two years of age.

"The inquest was held this day (Friday) at the Beauchamp Arms Inn, before W. P. Hughes, Esq., deputy coroner. From the evidence it appeared deceased had resided in the neighbourhood for twenty years. His son said when his father came to the surgery at 11.30 a.m. he told him that his dogs had been chasing sheep on the Common, and he had great difficulty in getting them away. He sat down in a chair in the surgery, and asked witness for his pocket-book, and began to write out an account. It was then witness heard the gurgling noise in his father's throat, and upon turning round he saw deceased leaning full length on the chair. He gave him a few drops of *sal volatile*, when deceased fell upon the floor, and, in his opinion, expired at once. C. F. Joyner, a neighbour, stayed with deceased while the son went for Mr. Wadams. This gentleman deposed that he believed deceased was aware of his heart being affected. He had made a *post-mortem* examination of the body, and had found nothing seriously wrong with anything else but heart and lungs. The heart was very large, pale, and flabby, with an enormous amount of fat around it. The lungs were also congested to a considerable extent. He attributed death to syncope and exhaustion, arising from the weakness of the action of the heart. Death under such circumstances would be very sudden. The jury returned a verdict of death from 'Visitation of God.' Several of the jury observed there was not a more respected man in Malvern Link, and no man would be more missed."

We cannot refrain from remarking that the verdict of the jury is quite at variance with our conception of a *visitation of God*. We are sure the deceased himself would have protested against such a verdict, and we venture to do it for him.

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### THIS YEAR'S CONGRESS.

TIME—September 13.

PLACE—Matlock Bath.

Dr. Hawkes, of Liverpool, is Acting Local Secretary.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

## DR. HASTINGS ON FAITH-HEALING.

SIR,—In studying the above subject, I think it would assist its elucidation were we to consider man as a duality, possessed of two natures, one psychological, the other physical, each acting and reacting upon the other, the one impelling to good, the other to evil. St. Paul experienced this; hence he cried out, "O wretched man that I am," etc. Every physician of experience and observation fully understands how much mental impressions affect functional diseases—that long train of neuropathy, hysteria, neuralgia, etc.—but have little or any influence over organic diseases. It is right that this distinction between functional and organic diseases should be clearly understood, to enable us to form either a psychological or physiological estimate of the efficacy of prayer in curing disease. What a valuable medicine, *e.g.*, in functional disease, is *hope*, and how much its salutary influence is intensified by earnest, believing prayer on the part of both patient and physician, for God to bless the means that may be used! But how useless prayer may become even with the use of means in organic disease!

But the question at issue lies beyond this, and demands an answer—Can disease be cured by prayer alone? We believe it is quite possible for some nervous diseases to be cured by prayer, inasmuch as the person suffering from a nervous functional disease, being prayed for, is inspired with strong hope, which hope, speaking physiologically, acts powerfully upon the atoms, molecules, and nervous tissues of the brain, sympathetic nerves, etc., and completely changes in these tissues, etc., the abnormal condition therein which produced the disease. Permit me to illustrate this by the following case:—A young lady had suffered for months from, as she was given to believe, blood-poisoning caused by sewage gas. She had become so weak, restless, and dejected that her parents after trying, as was advised, change of air, consultations, etc., determined to try a different treatment, and called in another physician. He speedily perceived that this young lady was suffering from the impression of an impend-

ing death from blood-poisoning, and he at once disabused, though with considerable difficulty, her mind and those also of her parents, that she had no symptom whatever of blood-poisoning, and the result was that this lady became quite well in about ten days, after having endured for months the mental torture from the idea that she was the subject of blood-poisoning! But, it may be asked, was no medicine given? Yes; but all the medicines of the Pharmacopœia would have failed to have cured her had hope not been prescribed and great encouragement given her that she would soon be well. In this case it is quite possible that prayer would have had precisely the same curative effect as the hope and encouragement given her had.

But those who cure by prayer are often too enthusiastic and presuming, and because they sometimes see nervous patients relieved or cured by hope and prayer (*vide* "Peculiar People") they illogically conclude that all diseases, organic or functional, can be cured thus. To prove this I will briefly state another case. A lady suffering from an internal incurable disease consulted one of the ladies who profess to cure all diseases by prayer, and who told this lady that if she only believed in the efficacy of prayer she would soon be cured. She did believe, and prayer was offered up frequently, oil was rubbed in, etc., but unfortunately all was of no avail, and after trying this for a month she returned home, the disease in the meantime having gradually advanced, and the result was that in about a month's time she died of this disease.

I cite these cases to show that prayer, as a curative agent in disease, may be both negative and positive, and requires much wisdom and an accurate knowledge of disease to know wherein it may be effectual, or mischievous by losing time, as in organic diseases or acute maladies. Scripture says, "Whatever you shall ask in my name I will give it you." But are there not limitations to this? How many of God's most earnest and believing people have pleaded this promise, and yet have done so in vain! If prayer could cure disease, death would be annihilated, and this life would be everlasting.

Prayer for wisdom to guide the physician in his prescription, and for faith in the patient, may be, in this respect, the most effectual. At all events, let us pray more earnestly and discuss less its efficacy.

H. HASTINGS, M.D.

Ryde, July 4.

AN OPEN LETTER TO DR. USSHER FROM  
DR. SKINNER.

MR. EDITOR,—In an article on *Drosera Rotundifolia* by Dr. Ussher in your July number, but which comprises much more than the title would lead one to expect, he (Dr. Ussher) insinuates, or “inclines to the belief that the disuse of the glasses was a help to the *Silicea*” in the case of ulcer of the cornea you did me the honour to publish. Really, Dr. Ussher, “you are ! you are !” A patient is suffering for three months from a perforating ulcer of the cornea, which means corneitis of a serious description, with total inability to use his right eye in reading without coloured glasses and a sunshade over both eyes, on account of pain and photophobia, and which eye-preservers were ordered for him by one of the first oculists in the West End of London as a *sine quâ non*, by way of relief. Yet, strange to say, Dr. Ussher is of opinion that the “disuse of the glasses was a help to the *Silicea*,” in which opinion few, I think, will agree with him.

Dr. Ussher complains of Mr. Heath misquoting him, but he thinks little of misreading or misinterpreting me. If he will reperuse my case of “Scrofulous Ulcer of Cornea,” he will find that the gist of my directions to my patient were, “that as soon as the unpleasant sensations in his right eye disappeared and the vision improved, he was to remove his coloured glasses and sunshades.” Whether Dr. Ussher comprehends these simple directions or not, my patient did ; for as soon as the inflammatory action was checked by the *Silicea* 50 M (F.C.), as indicated by relief to pain and uneasiness, the ulcer healed and the sight improved. It was only then, and not till then, that the glasses were removed, because no longer necessary : like Othello’s occupation, it was gone. The cart should never go before the horse, and certainly it shall not in the present instance—at least, “not if I know it.” The removal of the glasses and shades therefore played no part in the cure whatever, Dr. Ussher to the contrary notwithstanding.

In future, it will be well if Dr. Ussher, before finding fault with others for quoting incorrectly, would himself quote correctly. He says in relation to *Drosera*, “I said *no hæmaturia*.” He said or wrote no such thing. His words are, “*Drosera* has no hæmorrhage *as yet*.” Whatever Dr. Ussher may have meant is quite another thing. We should always write on science and in scientific journals exactly

what we mean, neither more nor less, and in such clear language that no one can willingly misunderstand our meaning. It is much better to do so than to condescend to personalities in order to rectify one's own mistakes. I leave Mr. Heath to defend himself.

It is just possible that Dr. Ussher used the term "glasses" as meaning convexes or concaves, but the description I have given of them does not admit of such an interpretation; they are described by me as "coloured glasses and sunshades." Moreover, it would be something remarkable if Mr. So-and-so and I advised or approved of anything of the kind to be used for one moment as a palliative or curative in scrofulous or any form of corneitis.

25, Somerset Street, W.,  
July, 1883.

THOS. SKINNER, M.D.

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#### DR. USSHER'S SOFT IMPEACHMENT.

DEAR EDITOR,—My attention has just been called to the following paternal advice from our facetious colleague Dr. Ussher: "Don't prescribe Mattei's medicines, and then pose as a pure Hahnemannian and a Legion of Honour man" (*Homœopathic World*, 1883, p. 148). As I was the founder of this "Legion of Honour," I shall be glad to know who this wicked impostor is. I never yet heard of any "Legion of Honour man" doing anything of the sort, and strongly suspect Dr. Ussher of attempting to play the profession one of those jokes peculiar to the 1st of April, the day on which his article appeared, or rather would have appeared had it not fallen on a Sunday. Perhaps Dr. Ussher will kindly enlighten my ignorance in your next number. By the way, I think the title "Electro-Homœopathy," which his lordship the Count gives to his system (!?), is most appropriate. "Electro-plate" is a spurious imitation of plate, therefore "Electro-Homœopathy"—Need I finish the sentence?

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.,  
July 15th, 1883.

## MR. HEATH AND DR. USSHER.

DEAR SIR,—I am afraid that the sanguinary ending predicted by Dr. Ussher for the poor *Erica* will hardly make the said doctor right when he is wrong; and his peculiar mode of replying scarcely adds to his dignity. Unfortunately, also, he has omitted to reply to Dr. Skinner's letter last month, pointing out the same mistake that I did. Why he should pour the "vials of his wrath" on me, and allow Dr. Skinner to quietly extinguish him, without reply, I am at a loss to know. Perhaps it is as well, all things considered, that my letter did not appear, as I expected it would, in the May number. If Dr. Ussher refers to the April number of the *Homœopathic World*, page 150, he will see his own words, "*Drosera* has no hæmorrhage as yet." I can scarcely conceive that he did not look to see what was reported twice following, before writing his not very courteous reply. Dr. Skinner did not say anything half so absurd, but Dr. Ussher did. Respecting my friends, I have no doubt they would not grudge me any promotion I deserved. As to a saint, I fear both he and I fall far short; but as to immortalising myself, I have already done it, not by the accidental *Drosera* proving I reported, but in the fact that I have twice corrected Dr. Ussher. The stained glass window would better suit him, not because he is a saint, but in commemoration of his writings about *Dros*.

I am, dear Sir,

Yours truly,

ALFRED HEATH.

114, Ebury Street, July 14th, 1883.

[This discussion must now cease.—ED. H. W.]

## MODERN ATTENUATIONS.

SIR,—I hope I may consider myself a fairly sound homœopath. I have been a subscriber to the *World* for many years, I believe thoroughly in the law of similars, and I can put faith in the action of fairly high dilutions, say even up to the 30th centesimal. But, Mr. Editor, what are such potencies as these compared with the inconceivable infinities that one hears of nowadays? They are as the roar of the 100-ton gun to the faintest whisper of the telephone.

In the *World* for May appeared a contribution from a



doctor, detailing a marvellous cure of chronic peritonitis, with serious complications, which was effected with doses of *Pulsatilla* 50 M (C.F.), followed by *Apis* CM. (F.C.). He proceeds to explain these hieroglyphics to the uninitiated. They simply mean respectively the *fifty thousandth* and the *hundred thousandth* centesimal dilution! prepared by the "Centesimal Fluxion Attenuator," invented by the doctor himself, who adds rather significantly, it was soon after he returned from *America*.

I was hoping that this communication might possibly have called forth some remarks in your next issue, but not a word is said either by yourself or any of your readers, lay or professional. On the contrary, instead of anything at all approaching critical comment, your June number contains Case No. 2, in which the same doctor describes how he cured an interesting young curate suffering from chronic scrofulous ulcer of the cornea, with a *single dose* of *Silicea*, *fifty thousandth centesimal*!

*Credat Judæus!* Really, Mr. Editor, this is a little too too strong. We have often heard of what some allopathic medical men have compelled their patients to *swallow*, but surely never did they ask him to swallow anything equal to this.

Only fancy, Mr. Editor, the risk of having one's system torn to shreds by such *medical dynamite* as *Silex* at the *fifty thousandth centesimal*!

Seriously, sir, is it not time that some remonstrance should be raised, and some limit or check put to the publication of such *mystic moonshine*. When I see such cases and such potencies appearing month after month in a recognised organ of Homœopathy like the *World*, I can only express my immense regret and surprise. One can easily imagine the utter contempt with which such incredible statements must be regarded by intelligent allopaths. I can conceive of nothing more calculated to hinder the progress of our principles, and to bring the homœopathic system into disrepute.

Yours truly,

June 19th, 1883.

AN ASTOUNDED LAYMAN.

[Did it ever occur to "An Astounded Layman" that real genuine liberty is the sunshine of progress? We do not write over our editorial portal, *In omnibus libertas*, and then exclude contributions because they do not tally with our own personal views. We have no fear for Homœopathy on

account of anything done on such a genuine line of therapeutic truth as that case of ulcerative keratitis to which reference is made. When we publish a supposedly unusually clever or useful article in this journal, the *honour* of the production is given to the gentleman who writes it, but let us publish something that *seemingly* deserves no honour, but rather reproach, then *we* are treated to the reproach!—Ed. H. W.]

### DR. POPE ON PURULENT INOCULATION IN PANNUS.

SIR,—Your quotation from the *New York Medical Times* of a case of pannus treated with the inoculation of gonorrhœal matter suggests to me the possible advantage of referring your readers to the case of the late Dr. Casanova, as related by himself in the twenty-second volume of the *British Journal of Homœopathy*.

Dr. Casanova contracted acute purulent ophthalmia from attending a woman suffering from the disease in Cape Town, in 1858. The acute stage was, in a measure, got under control by homœopathically selected medicines in about two months, but he was not cured, and remained a sufferer from frequently recurring attacks of ophthalmia for five years. At the end of this time granulations of the lids were both painful and troublesome, and he consulted Dr. Dudgeon with especial reference to inoculation. Dr. Dudgeon, who, in the case reported in his *Lectures on Homœopathy*, p. 171, derived his inoculating virus from a case of ophthalmia neonatorum, warned his patient to be especially careful to select his matter from the eyes of a person free from venereal virus. While Dr. Casanova was looking about for a suitable case from which to take the matter, the idea occurred to him that *Tartar Emetic* was a pus-creating substance. Acting upon it, he dissolved two grains of *Tartar Emetic* in two ounces of distilled water, and notwithstanding the smarting it occasioned, used the solution as a collyrium twice a day for a month. At the expiration of this time "there were no vestiges of granulation." He subsequently remained perfectly well, "the organs and functions of sight were restored to their normal state."

Few people, I think, would prefer an inoculation with gonorrhœa to an eye-wash of *Tartar Emetic*.

Yours truly,

ALFRED C. POPE.

Tunbridge Wells, July 2nd, 1883.

## DR. DUDGEON ON THE INOCULATION TREATMENT OF PANNUS.

SIR,—In your last you erroneously credit me with priority in the treatment of pannus by purulent inoculation. I can only claim to be the first to have done so in this country.

When a pupil of Jaeger, in Vienna, in 1841-2, I heard from him about this method. He was the first to practise it, so long ago as 1812. He employed it in 84 cases, and of these 79 were successful, five only unsuccessful. Piringer commenced to employ it in 1827, and from his book, published in 1841, we learn that he operated on 61 eyes, and of these only two were failures.

Jaeger insisted on the employment of the matter from a child suffering from ophthalmia neonatorum; Piringer said it did not matter what the ophthalmio-blenorrhœa was we took the pus from, as they were all essentially the same; but neither of these eminent men recommended using actual gonorrhœal pus from the urethra, as was done in the case you quote. In their effects gonorrhœal ophthalmia and the ophthalmia neonatorum seem to be alike—viz., extremely destructive to previously healthy eyes; but when the eyes are in the morbid condition attending pannus—i.e., the lids granular and the cornea vascular, the blenorrhagic process excited by the purulent inoculation seems incapable of doing anything but good.

I published my case in the *London and Edinburgh Monthly Journal of Medical Science*, May, 1844, and an abstract of it is given in the second vol. of the *British Journal of Homœopathy*, where those who are interested may see how entirely successful the operation was. The patient was a young woman of twenty-one. From her fourteenth year she had no useful vision—in fact, no vision at all worth mentioning, owing to the thick vascular layer on both corneæ, which looked like two pieces of red cloth (hence the name *pannus*). Her head was always bent forward on her chest, she could not bear the light, and she had for years been subjected to all the usual heroic treatment of the old school. In less than six weeks the whole disease was gone. The eyes were perfectly clear, the sight completely restored, and she could walk with head erect and eyes open in the brightest sunshine. From that period she entered on a new life. Light, which had previously given her only pain,

was now a source of infinite pleasure to her, as it is to all of us who have healthy eyes.

I knew nothing about the power of small doses when I treated this case. Since then forty years have elapsed, during which I have practised with small doses, but, though I have seen scores of cases of slight vascularity of the cornea cured by small doses, I have never seen a true case of pannus, such as the one I treated by purulent inoculation, materially benefited by small doses of any medicine.

Dr. Wecker says that *Iquirity*, when introduced into the eye, produces purulent ophthalmia, and has thus cured granular conjunctiva, and, I suppose, pannus, but not in small, but very material, doses. It seems from all accounts to be uncertain in its action, and apt to develop diphtheritic in place of purulent ophthalmia.

Since 1844 many cases of the successful treatment of pannus by purulent inoculation have been recorded in this country, but whether this method may be eventually superseded by some milder means I, of course, cannot say. In the meantime, until a better method offers, the treatment by purulent inoculation, which has hitherto proved so extremely successful and free from danger, is, I think, perfectly warrantable, and I should not hesitate to adopt it should a suitable case present itself to me.

Your obedient servant,

16th July, 1883.

R. E. DUDGON.

[This granted: then, what is the objection to the use of minute doses of the so-called nosodes?—ED. H. W.]

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## REPORTS OF INSTITUTIONS.

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### NOTTINGHAM HOMŒOPATHIC DISPENSARY.

THE Medical Officer of this institution, Dr. Stanley Wilde, has presented the twenty-eight annual report.

That the dispensary has now completed a term of twenty-eight years is, alone, significant of its vitality, of the appreciation of homœopathic treatment by the poor attending it, and of the claims which the institution and Homœopathy possess to the support and consideration of the public.

During the past year the attendance of patients has

reached a total of 3,729, whilst 482 new cases have been entered. A large proportion of patients attend from out-lying towns and villages, affording additional evidence of the estimation in which homœopathic treatment is held by the poor.

It is to be regretted that the list of subscribers is so small, the support thus accorded being quite incommensurate with the importance and work of the institution. Subscribers of one guinea receive eight dispensary tickets, each ticket conferring on a patient one month's advice and medicine. Subscriptions become due on January 1st of each year.

The dispensary is open on four days a week at the following hours:—Mondays and Thursdays, 3 till 4.30 p.m.; Wednesdays and Saturdays, 12 till 1.30 p.m.

Homœopathy continues to flourish both at home and abroad, and is not by any means "*dying out*," as the *Lancet* would have the public believe. As an instance of wide-spreading homœopathic progress, we learn that the Melbourne Homœopathic Hospital is now in course of erection at a cost of £10,000, the Colonial Government contributing £2,000 of this sum, whilst the Governor gave recognition to the cause by laying the foundation stone—an example of State aid to Homœopathy which the Old Country might well imitate.

Of the influence of Homœopathy in shortening disease and in lessening mortality there is ample evidence. The late Professor Henderson, of the University of Edinburgh, compared the duration of time in recovering from inflammation of the lungs under allopathic, expectant (giving no medicine), and homœopathic treatment, with the following results:—When bleeding was practised, thirty-five days; under tartar emetic, twenty-eight days; expectant treatment, twenty-eight days; homœopathic treatment, eleven days.

In the cholera epidemics, the mortality under homœopathic treatment rarely exceeded 25 per cent., whilst under other methods of treatment it was scarcely ever below 50 per cent.

In a Parisian hospital, during three years, the mortality in the wards of Mons. Tessier (a homœopath) was 85 per thousand; in the wards of two allopathic colleagues, in the same hospital, the mortality was 110 per thousand.

If, as the detractors of Homœopathy declare, Homœopathy is a "do nothing" system, then, with such results. and in

the interests of suffering humanity, let us continue to "do nothing."

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**S. SAVIOUR'S HOSPITAL AND NURSING HOME,  
LONDON, N.W.,**

**FOR THE HOMŒOPATHIC TREATMENT OF CANCER, PARALYSIS,  
AND NERVOUS AND CHRONIC DISEASES.**

**Board of Management:** The Right Hon. the Earl of Denbigh; The Right Rev. Bishop of Moray and Ross; The Right Hon. Lord Mount-Temple; W. J. Cutbill, Esq.; Henry Duncan, Esq.; H. Guedalla, Esq.; E. Howley Palmer, Esq.; The Rev. F. Ponsonby. **Resident Medical Officer:** Dr. Donald Baynes.

*Report.*

The S. Saviour's Hospital and Home has been established for the homœopathic treatment and cure of non-contagious diseases.

Although attention is not confined to cancer, a special feature of this Hospital is the treatment of that much-dreaded disease. During the many years which have elapsed since its establishment a thorough knowledge of the various remedies and their means of administration has been acquired. The experience thus gained has satisfied all who have had an opportunity of observing their effects that the external appliances in use at this Hospital are most potent and effective means for the extirpation of scirrhus and other malignant tumours, while at the same time, to the inexpressible relief of the patients, the avoidance of the much-dreaded knife is assured.

The high existing percentage of mortality from cancer, and the suffering from the disease, in a great measure preventable by the treatment afforded in this institution, should command the attention and sympathy of all benevolently disposed persons, and insure their pecuniary aid.

Nurses are admitted for training and instruction for periods of not less than one month, and not more than three months, and can be resident or non-resident.

The conditions of admission will depend on the previous occupation of the candidate and degree of general education to which she may have attained.

During the past year, owing to unavoidable causes, the efforts put forth, and the work accomplished by the Hospital,

have been on a limited scale. Owing to various circumstances, the Treasurer, who has hitherto borne the chief expense of the work, has been reluctantly compelled to limit his aid to the sum of £775 a year, this being equivalent to the rent of the building.

The diminution of the funds, which began to be felt from this cause, in the month of June last, was a source of no little embarrassment, and might have led to the most serious consequences were it not for the timely and liberal aid afforded by friends at that very critical period.

The hospital is now happily free from debt. It is nevertheless felt, if this institution is for the future to be free from pecuniary pressure, and to be in a position to continue the good and benevolent work heretofore superintended with so much spirit and energy by the Lady Hospitalier, with the assistance of other ladies, who have given their services gratuitously, that a special effort must be made, and it is therefore sincerely hoped that friends and the public at large will contribute liberally to its support.

The Board feel that so noble a work is worthy of all the aid they are capable of influencing and affording; that the task should be a national one, and that its cost ought not to fall on a limited circle of helpers. They therefore appeal with confidence for a wide and hearty support.

Contributions will be thankfully received, addressed—To the Treasurer, S. Saviour's Hospital and Home, 10, Osnaburgh Street, London, N.W.

[We are much pleased to note that this Hospital has at last purged itself of its old offence of using nostrums, and we congratulate Dr. Baynes upon the fact, and also upon the new vigour he has infused into it. This Hospital bids now fair to become a notable addition to the homœopathic medical charities of the metropolis.—ED. H. W.]

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#### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent

to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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DR. EDWARD BLAKE, LONDON.—Your most interesting Essay will appear shortly.

PROFESSOR E. M. HALE, CHICAGO.—Many thanks.

BOOKS AND JOURNALS  
RECEIVED.

Chester Guardian and  
Record, June 23, 1883.

The Vaccination Inquirer,  
July, 1883.

Revista Homeopatica Cata-  
lana, No. 12.

The Medical Counselor, June  
15, 1883.

Vichy and its Therapeutic  
Resources. By Prosser James,  
M.D., M.R.C.P.

Chemist and Druggist.

Midland Medical Miscellany,  
No. 19.

Monthly Homœopathic Re-  
view, July.

The Guide, July, 1883.

The Daily Inter Ocean, June  
15, 1883.

British Journal of Homœo-  
pathy, July 2, 1883.

Bulletin de la Société Médi-  
cale Homœopathique de France.  
Medical Advance.

St. Louis Clinical Review.

Sherman's Pharmacy.

New York Medical Times.

Revue Homœopathique  
Belge.

Allgemeine Homœopathische  
Zeitung, Bd. 107, Nos. 2, 3.

Therapeutic Gazette, May  
and June, 1883.

Boericke and Tafel's Bule-  
tin.

Dietetic Reformer, June,  
1883.

El Criterio Médico, Tomo  
XXIV., Num. 5, 6, 7, y 8.

The Calcutta Journal of  
Medicine, Feb., 1883.

The Indian Homœopathic  
Review, March, 1883.

## CORRESPONDENTS.

Communications received  
from Dr. Foster, London; Dr.

Haughton, Upper Norwood;  
Dr. Drury, Bournemouth; Dr.  
Bradshaw, Guildford; Dr.  
Pope, Tunbridge Wells; Dr.  
Midgley Cash, Torquay; Mr.  
Ed. Alder, Secretary St.  
Saviour's Hospital, London;  
Messrs. Baillière, Tindall, and  
Cox, London; Dr. Berridge,  
London; S. Swan, M.D., New  
York; Dr. Harmar Smith,  
Ramsgate; Dr. Dudgeon, Lon-  
don; Dr. Sandberg, Brixton  
Hill, S.W.; Prof. E. M. Hale,  
Chicago, U.S.; J. Thurlow,  
Esq., High Wycombe; Rev.  
J. C. Burnett, Bedford; Dr.  
Edward Blake, London.

## The Homœopathic World.

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LEADING AND GENERAL ARTICLES:—  
Then and Now—Anno Domini 1863, 1883.  
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A Case of Pleurisy, with Great Effusion  
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placement of the Heart towards the  
Right Side of the Chest.—Recovery.

On *Drosera Rotundifolia*.

Two Cases of Acute Rheumatism Cured  
with *Lac Caninum*.

Dr. Carpenter and Vaccination—A Reply.

Notes on *Aralia Racemosa*.

On the Physiological Action and Thera-  
peutic Uses of *Banunculus*.

*Rus et Urbs*.

A Belated Mind.

A Case of True Vaccinia in a Child fol-  
lowing the Vaccination of her Mother.  
Inoculation of both Eyes for Complete  
Pannus with Gonorrhœal Pus.

The Influence of Snake Po on.

Geology and Medicine.

OBITUARY:—

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SHORT NOTES, ANSWERS TO CORRESPON-  
DENTS, ETC.



# THE HOMŒOPATHIC WORLD.

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SEPTEMBER 1, 1883.

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## THE FIGHT FOR LIBERTY IN LIVERPOOL.

THE British Medical Association held its annual conference in Liverpool on July 31, 1883. A few days previously there appeared the following letter from the pen of our esteemed colleague, Dr. Moore, President of Congress for the current year:—

### THE BRITISH MEDICAL ASSOCIATION.

*To the Editor of the Daily Post.*

Sir,—As the annual meeting of this society is to be held in this city next week, and as it is undoubtedly a most influential body, numbering nearly, if not quite, 10,000 members, it is fitting to enter on the consideration of its objects and of its constitution. It calls itself the parliament of the profession, and may justly lay claim to this title. Whether it is the representative of the whole profession may be questioned, as our Parliament at Westminster may in like manner be questioned, notwithstanding the reforms it has undergone in recent years. That this society has done great good by its meetings and its *Weekly Medical Journal*, that it has united the great body of the profession in the provinces and tended greatly to destroy that individualism and isolation which has been the great bane of the medical profession, in contradistinction to the legal, cannot be denied; but while this is cheerfully conceded, there remains much to be done, or rather undone, before its scientific character and practical beneficence recommend it to the approbation of the intelligent and Christian public, and before it is brought up to the spirit of the age. In 1851 a great controversy took place at its annual meeting in Brighton. This arose from the fact that very troublesome representatives of three new systems of medical treatment crossed the path of this ortho-

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dox system. These were Homœopathy, Hydropathy, and Mesmerism, all of which had the audacity to profess that they could sometimes cure disease without bleeding, blistering, or large doses of physic. Such statements were unendurable; and yet, how were they to be put down? Only by persecuting the silly people who held such sentiments. Hence they passed a by-law to the effect that persons holding such opinions were not eligible to the membership of their society, and that even if persons entered their sacred precincts and afterwards became converts to such ideas and practices, they must cease to be members. This law, passed in 1851, remains on their statute book in this year of grace 1883. A similar law was passed by the Medical Institution of this city in 1859, and remains as a standing rule to this day in the election of their members. All thoughtful men will agree that such laws are worthy of the dark ages only, and are a disgrace to a liberal and enlightened profession. It is worthy of note that the retiring president of the Association in 1851—Dr. Horner, of Hull—began to examine the homœopathic system, with a view to prove its falsity, and came out of the examination a decided convert to the truth of the system, and practised it afterwards for several years in Redcar, combined with hydropathy. If you ask, *Cui bono?* as regards this letter, I reply that it has been intimated that several alterations are contemplated in the laws of the Association at the forthcoming meeting, and we think that this persecuting law should be totally and at once repealed, and that nothing but immoral or dishonourable conduct should prove a barrier to any qualified practitioner entering this Association or any medical association in this kingdom. In this city and neighbourhood some eighteen or twenty practitioners will be shut out by the above law, and it is not to be expected that they will come cap in hand beseeching to be admitted by the back stairs, when fully conscious that a law exists for their special exclusion.—Yours, etc.,

L.R.C.P., M.R.C.S.

Liverpool, July 26, 1883.

The following editorial relating hereto appeared in the same issue:—

A physician of long and good standing, and one held in high estimation in this city, challenges in our columns to-day the rule of the British Medical Association by which Homœo-

paths are excluded from that body and from its meetings. The question is a delicate one, not to be dogmatised upon from without, but it would really appear that our correspondent has right on his side, and that the orthodox doctors adopt a too exclusive policy. No medical man can practise without possessing a legal qualification; that legal qualification is obtained on examination by proofs of competency in knowledge and skill. The qualification which suffices to entitle a man to practise as a doctor should, one would suppose, suffice to entitle him to mix with doctors. Rules of debate might rationally be made to prevent fruitless discussions on points of principle on which Homœopaths and Allopaths would only waste time in seeking to arrive at a common conclusion. Certain subjects might be ruled entirely out of the proceedings so as to avoid inconvenience. But there must be a great deal of common ground, and speaking from without, and with no inclination to accept the doctrines of Homœopathy, we cannot avoid the conclusion that it would better become the dignity of the British Medical Association to make no differences between equally qualified practitioners in reference to membership of their body and participation in their proceedings.

In the same issue again we find this most able and spirited protest from the intellectually vigorous and scientifically and socially important Liverpool Homœopathic Medico-Chirurgical Society. It is headed

THE HOMŒOPATHISTS AND THE ASSOCIATION,  
and runs thus:—

At a meeting of the Liverpool Homœopathic Medico-Chirurgical Society, held on Monday, Mr. Thomas Carson in the chair, it was resolved that the following protest be adopted and forwarded to the Liverpool papers for publication during the session of the British Medical Association:—

We beg to enter a public protest against the illiberal conduct of the British Medical Association, about to hold its annual congress in Liverpool. For many years it has carried out a policy of hostility to Homœopathy and homœopathic practitioners by a law excluding all such practitioners from membership, and has endeavoured to the utmost of its power to destroy a system of medical treatment founded on a principle admitted by all, and which is as old as Hippocrates.

This principle, whilst holding a place in medicine from that time till now, was not greatly developed till Hahnemann arose, and by his labour and genius revived and extended it till it assumed proportions that had not been anticipated in the ages before him. Those who have studied it and adopted it as their chief rule of practice have found it to cover by far the largest portion of ordinary medical practice, and to be the most efficacious means known of curing disease. The homœopathic school has grown till its practitioners are counted by hundreds in this country and by thousands in America. In London alone there are over a hundred, and in addition some thirty homœopathic chemists. Homœopathic medicines and books are to be found all over the civilised world, and at home there is scarcely a family where the system is not known. Yet in the latter part of the nineteenth century, and in the midst of liberal-minded England, a self-constituted body of medical men forming the British Medical Association close their doors against those who do partially but not altogether agree with them as to the best method of treating disease. In medicine, if anywhere, the rights of minorities ought to be respected. An essentially imperfect and progressive science like that of medicine is in no position for assuming the functions of a dominant and intolerant Church, and visiting differing opinions with the punishment of heresy. To do so is to assume an unwarrantable and illogical position, and to injure its own cause, for progress in medicine is only possible by the interchange of different opinions in order to elicit the truth, and we believe the conduct of the Association has very materially retarded its scientific progress. The suppression, or attempted suppression, of adverse opinions in medicine by mere force of numbers, instead of by the legitimate means of modern science, argument, and experiment, is unworthy of the members of an enlightened profession. It would be an error to condemn every member of the Association for its legislative action as a body, for there are a few liberal-minded men amongst them, and they are chiefly of the higher professional ranks, who counsel fair and honourable dealing with their colleagues of whatever shade of opinion. But hitherto the dead weight of the rank and file of the profession has been against them, and the Association has thus laid itself open to the charge of acting in the spirit of a trades-union of the narrowest type. So long as their *Index Expurgatorius* includes all homœopathic literature, and the comminatory

clauses against homœopathic practitioners are standing in their statute books, they will give a point-blank denial to the oft-repeated assertion that medicine is a liberal science. As the allopathic journals are closed to our remonstrances, we are obliged to have recourse to the public press, and this protest is sent in the hope that a wholesome public sentiment may influence the future proceedings of the British Medical Association, and bring them more into harmony with the higher professional feeling and with the liberal spirit of the age.

S. H. BLAKE, Hon. Secretary.

We will now give an extract from the proceedings of the Association itself.

After a little further discussion, it was agreed that the proposed by-laws be taken paragraph after paragraph, and accordingly

Dr. Strange (ex-president) moved the first paragraph of the by-laws relating to election of members, which stated:—Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may (subject as hereinafter mentioned) be elected a member by the Council, or by any recognised branch council, provided that the power of such branch council shall only extend to the election of male persons.

Mr. Nelson Hardy (London) moved as an amendment to paragraph 1—"That the latter clause shall read as follows:—Provided that the power of such council or branch council shall only extend to the election of male persons not practising Homœopathy, nor advertising." He believed that ninety-nine of those present out of every hundred did not wish to have members practising Homœopathy within their ranks, and they declined to recognise in any shape or form as brother members of the Association those who professed to practise Homœopathy. He held in his hand a bill that had been thrust underneath a door, in which a gentleman offered to give advice and medicine for fourpence.

A Voice from the Platform.—Is he a member of the Association?

Mr. Hardy.—He was a member of the Association, and, I am sorry to say, in the Metropolitan Counties Branch until recently. It was through my representation that he was removed from that branch.

Mr. W. E. Hadden (Liverpool) seconded the amendment, and, after some further discussion,

Mr. J. W. Cousins (Portsmouth) proceeded to speak on the subject of Homœopathy, when he was effectually interrupted.

Mr. J. Dix (Hull) said there was no law at the present time to exclude homœopaths, and he took it to be the feeling of the Association that there should be such a law. At one time every candidate for election to the Association signed a paper stating that he was not a homœopathist, and did not intend being so, but that declaration had now fallen through.

Mr. Husband (Bournemouth) remarked that it was said they had no right to exclude homœopathists; they had a right to exclude anybody, and the Committee of Council had taken precautions against any homœopathist being admitted into the Association. But then the difficulty had been not that they had admitted homœopathists, but that they had admitted medical men who afterwards became homœopathists. Such a class of men he would leave to the contempt of all honest medical men.

The Chairman, after further interruptions, put the amendment to the meeting, when it was lost by a decisive majority. Dr. Waters then put the first paragraph of the by-law to the meeting as the original resolution, whereupon

Several speakers rose and attempted to speak at the same time, amid considerable confusion.

Dr. Gilbert Smith was understood to move the adjournment of the meeting, and

Mr. W. Rivington (London) seconded.

Each of these gentlemen attempted in vain to obtain a hearing; and

Dr. Fitzpatrick (West Derby), with some little warmth, asked either that they should be heard or, if they failed, requested to leave the hall.

Mr. W. R. Rogers (London) protested against Dr. Fitzpatrick speaking twice. It was a disgraceful thing for gentlemen to form a clique there to stop any other person from speaking.

After considerably more discussion and hubbub, the Chairman eventually put the rules to the meeting, and they were carried amid loud applause.

Thus Mr. Nelson Hardy's chief objection to the admission of

homœopaths to the Association lies in the fact that some needy homœopathic wight offered to give medicine and advice for fourpence. Of course we all know that the whole thing is a piece of common trades-unionism, and therefore we must ask what is Mr. Nelson Hardy's claim to associate membership? Can he, or does he, supply advice and medicine for *less* than fourpence? or does he get more? He should have stated this for the information of posterity and the edification of his fellow-tradesmen within the British Medical Association. The point is important. We have only one other remark to make, and that refers to the stale old dodge of the allopaths trying to make it appear that there is some necessary connection between Homœopathy and advertising. As if all the world were not fully aware that *almost all* the *advertising medicos* and *quacks* are *allopaths*. So let us apply Mr. Nelson Hardy's logic. The advertising doctors and quacks are allopaths. Mr. Nelson Hardy is an allopath, *ergo*—

We beg to express our thanks to our Liverpool colleagues for thus fighting for our liberty—for the liberty of the entire profession as against the degrading slavery of a vulgar tradesmen's union. Liverpool has once again set the metropolis an example.

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## DIZZINESS AND DEAFNESS.

DR. WILLIAM JAMES, of Harvard University, has made some experiments to test the modern theory that the semi-circular canals, instead of being connected with the sense of hearing, serve to convey the feeling of movement of the head through space, which, when intensified, becomes dizziness. It occurred to him that deaf-mutes, having their auricular organs injured, might afford some corroboration of the theory, if it were true, by showing a smaller susceptibility to dizziness than persons with normal hearing. Of 519 deaf-mutes examined by subjecting them to a rapid whirling, 186 were wholly insusceptible of being made dizzy, 134 were made dizzy in a very slight degree, and 199 were normally, and in a few cases abnormally, sensitive. Nearly 200 students and instructors in Harvard College, supposed to have normal hearing, were examined for purposes of comparison, and but a single one proved exempt from the vertigo.—*Popular Science Monthly*.

## SANGUINARIA IN NEURALGIA.

By CHARLES LLOYD TUCKEY, M.B., Assistant Physician to the London Homœopathic Hospital.

W. S., aged 42, lodging-house keeper, came under treatment in June, 1883, for the relief of neuralgia of some months' standing. He was a tall spare careworn-looking man, with sandy hair and whiskers, and of evidently very low vitality.

About three months before his introduction to me he had been subjected to much anxiety and worry, and to get over the effects of these his doctor had ordered him to the seaside for change of air.

Thoroughly lowered by his trouble, and also by a course of brisk purgation at the hands of the doctor, he fell an easy prey to the east winds which were at that time in great force around our south coasts; and, being of a nervous temperament, the onslaught took the form of neuralgia of the face and head.

The pain used to come on especially at night, and would reach its greatest intensity between two and three o'clock in the morning, when it would gradually subside and leave him prostrate but free from suffering during the day.

Being absolutely debarred from sleeping at night, he spent his days dosing in a darkened room, and his life had become a complete burden to him.

The pain was of a burning shooting character, and proceeded from the zygomatic processes and from below the ears upwards and backwards to the temples and crown. There was no pain in the eyes, but they used to water during the height of the attack, and the top of the skull felt as if opening and shutting. The skin would be cold and clammy, and there was inability to bear the least noise.

His teeth were good, and there was no apparent cause for the trouble, so one was justified in putting the case down as one of simple neuralgia, occurring in a debilitated subject, and affecting chiefly the cutaneous branches of the seventh nerve. Just the case one might think for pouring in quinine and iron without stint, in the certain hope that they would knock the enemy on the head and pick up the unfortunate patient in no time. Strange to say, however, this treatment had been adopted but had completely failed to relieve, and therefore, after ten weeks of it, W. S. inquired if there was nothing else to be done, and then heard of Homœopathy.



The first prescription was *Glonoin* 3x, half a drop every four hours. This powerful medicine has, according to the writer's experience, a great influence on the worst forms of facial neuralgia, and at any rate effects some alteration in the symptoms whilst one studies the real simillimum for the case.

*Glonoin* did not effect much here, and after a week it was discontinued, and *Sanguinaria* 1 centesimal was substituted for it, one drop being taken every four hours.

He took this prescription regularly from June 18 to June 30, and on the latter date reported himself cured.

Under this treatment his appearance vastly improved, he slept well, and his cares sat lightly upon him.

The symptom which especially induced me to give *Sanguinaria* was the distention of the veins in the face and temples, which was strongly marked, and which is also prominently set forth in the proving. Attention being thus drawn to the remedy, further investigation showed a general correspondence between the drug and disease symptoms, and a cure was the certain outcome of its use.

14, Green Street, Grosvenor Square,  
August 15, 1883.

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## NOTES BY THE WAY.

By Dr. USSHER.

### Mistakes.

He who treats genuine symptoms has sure ground to go upon. His *Materia Medica* becomes indispensable. Helped, and often thankfully helped, by a Repertory, but better than any mnemonic helps are the pictures impressed on the brain from constant use. Books tell us what drugs will do; use instructs us both ways—by our successes and failures. Broken bridges and disappointed hopes warn us back; our successes are far from being unalloyed; this we all learn. The few exchanges of knowledge that we get from each other become of priceless value when the benefit of the patient is the prime consideration; we reap as we sow. I believe that the public might be educated to value professional conference of the rank and file. They see, as we do, that "great men are not always wise," and the money often paid to the living would be more profitably expended on the dying. I have

seen once and again five guineas change hands without a farthing of equivalent either to the doctor really interested or the patient, and I often think that rough Carlyle was not far afield when he wrote that he might as well have told his tale of woes into the ear of the first donkey he met as make a worthless journey of fifty miles to one of the faculty—that was a long time back. Has the multitude of counsellors made wisdom easier? With candour it must be said, alas! no. “Keep to what you know” is good advice, once tendered to me by a brother homœopathist, and I add to the aphorism, “Never cease to learn more.” When a man says he knows enough he is to be pitied as a half-informed doctor, professing to teach, but unworthy to acquire further store. He has no desire to do the utmost for his patients—a sacred charge of which he is not worthy. Symptoms objective or subjective may sometimes mislead, and they did so at the first in the case about to be noted. An old patient went to reside for business reasons in Twickenham, where he was subjected to allopathic treatment. He was very ill, with strength sufficient to crawl from bed to chair, and not much more; inclined to sit little, his back covered with eruption from croton oil; and medicine was plentiful, to judge by the array of bottles in his bedroom. Inhalation from kreasote was also in vogue; his temperature over 100; breathing hard, too sore to lie down, looking worn out; the whole right lung breathing quickly, the left responding to this state of things. He had taken constant cold at football, boating, and cricket. His pulse was miserable; expectoration, strong-smelling and horrid-looking thick mucus. The history of the family is not free from consumption. Physical examination showed much emaciation, dark violet-coloured skin, rapid action of intercostals, dulness at lower half of right lung, and what I at first thought a patch of tubercle about the size of a man’s palm, and pleuritic friction over it. The doctor in attendance had pronounced it phthisis, and taking into account the careless way the young fellow lived, I thought so too; but when I next and more carefully examined the lung I altered my diagnosis. The very recent nature of the attack, the localisation and absence of disease elsewhere in the lung or in the other, made me careful. There were crepitative râles in one or two spots. Manifestly, damp Twickenham was no place for him. I advised Hastings, which the other doctor condemned. However, he went, stayed a short time—as long as, perhaps, his impatient nature could endure—and was much

better for it. From the middle of January to the end of April he has taken steadily *Ars. Iod.* 6x, giving him as an interpolation for a few days *Acid Phos.* 2x. On his return I was gratified to find the patch of effused lymph, as I now take it to be, reduced to the size of a shilling. He had also taken at his midday meal Fellows's Syrup of the hypophosphates and cod-liver oil—not on homœopathic lines, but a medicated nutrient of exceeding value. I accord to myself the same liberty in prescribing this combination as my patient has in telling it. Why should he be free and I bound? Your Flitwick water or health-giving Richelieu are quite as much diversified as this is, and when the chemist's art can give me better than I have, I thank him—notably for his dialysed iron and Fer Bravais. Of the latter, *en passant*, I may say it does not nauseate, and seven or eight drop doses are quite unnecessary. To some, five or less is ample; it quickly reddens my eyelids—a sign that enough is given. The patient is doing well, although when I saw him yesterday (July 18th) he said there was much soreness in lung. He looks clear, and has lost the violet tinge of badly aerated blood. He is prone to anything his carelessness may lead him. I learned with pleasure he was to leave Twickenham at an early period. A lady of decided phthisical habit, weakened by constant attacks of bronchitis, and prone to run down on slight provocation, left Wandsworth for Eastbourne. I lost sight of her until a visit brought her to Brockley, where I heard she was very ill—a true report, I found. I expected to find the old and often attacked left lung well filled with tubercle, instead of which the right had a patch like my Twickenham friend's, and which in a few days yielded to *Phos.* and *Hepar*; but to my astonishment the old left lung mischief, râles, and friction-like sounds in the upper lobe were all gone. Both cases might be fairly supposed phthisical, and may yet become so. Some years ago I saw a boy about thirteen years of age with a large splashing abscess in upper left lung, and then looked upon him as doomed; but I am happy to say he is alive and well, so that mistakes are possible even with *very* big people.

### Carbuncles.

Three cases, one of them large, all very painful, dark coppery red, with blue edges, were at once relieved of burning pain by *Tarantula* 3, given two or three times daily. The

prompt relief induced me to continue the medicine, and they all terminated in about a week—better than the bistoury, surely!

### Incontinence of Urine.

One in a young sturdy woman; she was troubled *day and night; urine very dark*. This our editor pointed out, with diurnal diuresis, as indicating *Selenium*. The sheets were highly stained and smelt offensively. On one or two occasions a few doses of the 3rd trit. *Selenium* (Keene and Ashwell's) has removed the trouble, and on each recurrence with the same happy result. The last note of her case, "Will you kindly send some more medicine? The girl has not wet her bed three times in the last fortnight, and then not nearly so much as before, and she is not so distressed in the day-time; she can wait longer than she did." P.S. She is in her fifteenth year. *Benzoic Acid* 1x had been given in the first attack some months back, with the result of diminishing the odour and stains on sheets. *Selenium* has met all. It is, I believe, a clinical symptom only. In aged people this strong-smelling urine is very distressing. One of my patients had it so persistently that the lodgers in the house complained of it. She could not retain the urine; *it came away in spurts at each cough*. Here was a keynote to *Causticum*, of which I gave a few globules (over twenty years old) in water. The result was immediate relief of the foul-smelling urine and incontinence, and *rapid amendment of her bronchitis*; she was literally choked with sputa. In another case the same keynote led me to *Causticum*, and speedy relief came here also to *a pain in the left side under the ribs*. The 2x was employed in this case. If an old-standing trouble like this is so quickly removed, we may talk of specifics that are not catholicons.

### Acid. Fluoric.

Two cases of much interest. One had suffered many things of many physicians, from Newcastle to London, and none were agreed on the *pathology* of the case—the more medicine she had the more varied became her symptoms. But there was one always to the good in spite of all the pessaries, etc., she was supplied with, and, woman-like, *she kept to her text persistently*, and I beg to say that if the symptoms had any uterine relation (which I don't believe), it was charmed away, in disregard of all said or done before. Please to note the

sequel, especially you, my friends, who despise repertories and disregard keynotes. Pain severe, persistent *in one small spot* in the left side, between the linea alba and a line drawn from the crest of the ileum upwards. From this small point the pain radiated downwards to the crest, upwards to the ribs, and round to the back. She had had it for years. Pain in small spots lead me to *Fluor. Ac.*, and in Gregg's illustrated Repertory I found what seemed to be a description of this pain. Amendment took place after a few doses of *Ac. Fluor. 5*. I then resolved to give her 30, and none could dispute the advantage of this arrangement. Everything seemed to fall into its right place. Her improved look indicated a state of rest which she had long been a stranger to. To what purpose would pathology have helped me here? All who went before me, including two infirmary physicians and a Newcastle magnate, were absolutely at sea. You might as well have taken your augury from a split liver as got any help from them. What good were all the theories I might have stuck on as fringes to her case? Not on what I saw, which was utter darkness, but on what *she felt* did I get any satisfaction. *Fluoric Ac.* contained her symptoms and her cure.

The next case, a young woman with severe headache (*which waked her from sleep*) in forehead and vertex, like a nail, confined to one small spot. *Ignatia 3x* was first given and then *Oxal. Ac. 3x*, both with benefit. Then it came out at a subsequent visit that the sensation of *cold wind blowing into the eye* was a constant trouble. This I knew to be an additional keynote to *Ac. Fluor.* (see Hering's "Condensed Materia Medica"), and in the 5th it helped her. I then thought that as the 30th had so much more efficiently relieved her predecessor, it might do much for her, and she had to thank it for much added comfort. The frequency of dose was lessened, and *Sac. Lac.* interposed. There have been accessions of pain, but again *Fluor. Ac. 30* has done its work well. May 3rd. Blowing sensation on vertex and eye, but pain gone in right eye and leg. I may add that she since had a very violent attack of pain in spine, with loss of power, at once dissipated by *Gelsem. 1x*. A third case now under treatment, who has taken Hydrofluoric acid from an allopath. Her prescription was three ounces, half per cent. solution, *fifteen drops three times daily*, and this has been the order of the day for twelve months. She had the goitre before taking the acid. The symptoms now are *swelling of lids, worse in the*

upper, and worse in the morning; the eyes water in the wind, worse in the morning also; wakes at 3 to 5 a.m., and feels breathless on exertion; catamenia little; the least cardiac pressure causes faintness; constipation; pain from sacrum to right shoulder, worse when tired; prominent, bulging eyes. The first prescription was *Kali Carb.*, which reduced the puffiness of the lids and made her feel generally better. Noticing the unusual hardness of the goitre, I gave her drop doses of a solution of *Bromine*—about one drachm of *Bromine* to a quart of water. There is now a sensation at back of eyes as if pulled inwards, but the goitre has diminished a quarter inch (July 10th). July 17th. Eyes feel full in the morning and water; they are dark brown round the eye; there is pain in the heart, and suffocating feeling in the neck. I should have noted that the extreme hardness of the goitre suggested *Bromine*, it having in my hands on one occasion removed a large and very hard one in a very short period. What results are to be anticipated from this long use of *Fluoric Acid*? It did her good, but she is no nearer cure; should amelioration of her symptoms not continue under the *Bromine*, I shall revert to *Fluor. Ac.* and the 30th. This has been done, and with satisfaction. Inquiring a little while back of a homœopathic chemist how the 200ths were made, I got this answer: "The way high potencies are made is by giving about fifty jerks on the palm of the hand." I would like to ask Boericke and Tafel if their 200ths are made in this fashion. If our dilutions are to depend on this kind of thing, one might be disposed to say they were "no great shakes." I do not believe that any amount of succussion alters a potency, whether Hahnemann says so or not, for it involves this—that inherent explosive power must be reached, which is all bosh. When you reach the 30th, bottle by bottle, you know what you have done, and of the efficacy of the 30ths we have proof needing no addition. This shaking affair staggers me. My case which I carry must be subjected to an amount of shaking second to none in the country, but I have not yet got the proof that the 3rd has become the 30th. Some years ago I ordered *Alumina* 30, and waited for it in a certain chemist's not far from St. James's Palace. A white powder was placed in spirit of wine, and I observed the assistant, who was of Zaccanean stature, conceal himself behind the counter in a stooping posture, and there administer shakes, which convulsed him and the other assistant, who thought he was unobserved, with laughter. I also had some *Sabina* 200

from the same people, and in a few days some more, on the ground *that it was more reliable*. Need I say that my confidence in these people came to a termination. I was told that one of the high dilution gentlemen was perfectly satisfied with their high potencies. Perhaps he is, but what about his patients? A homœopathic chemist who would descend to such shuffling is unworthy of confidence. Their integrity is at the very foundation of all we hold dear, and to take them all round we have reason to be proud of and thankful to them. I see that in my article on *Drosera* I wrote "hæmorrhage," but the context at once shows it was hæmorrhage of the bladder—hæmaturia—that was meant.

### KAIRIN AS A RIVAL OF QUININE.

GERMAN medical journals discuss a new medical agent lately discovered by Professor Fischer, of Munich. In the course of a long series of investigations concerning the nature and action of quinine, he found that by means of a succession of chemical transformations a substance can be obtained, in the form of a white crystalline powder, from coal-tar, which greatly resembles quinine in its action on the human organism. Fischer has given it the name of "kairin." The chief effect produced by it, as yet observed, is the rapid diminution of fever-heat, and its efficiency in this respect is described as remarkable. It is believed that it will render the use of ice in fever cases unnecessary, and that its skilful employment will enable the physician to moderate the temperature of the patient. Kairin is also reported to have less inconvenience for the stomach than quinine. But observation does not show—as yet, at least—that it possesses that tonic and restorative influence for which quinine is so frequently administered. Perhaps, from a chemical and physiological point of view, the most valuable thing about the new discovery is that it seems to bring us nearer to finding out the chemical nature of quinine itself and the true character of its agency. The discovery has been patented, and a manufactory of kairin established under the direction of Professor Laubenheimer, of Giessen. But, as it is said that the cost of producing a kilogramme (about 35½ oz.) of the new agent is £15, it will be some time before its patrons can hope to see it take the place of quinine in practical pharmacy.—*Times*, August 2, 1883.

## DAMAGE TO THE HEART FROM THE INHALATION OF NITROUS OXIDE.

DR. W OTTLEY records a case in which an existing valvular lesion was unfavourably influenced by the administration of nitrous oxide gas. The patient was a young woman who had suffered from rheumatic fever, and was left with a slight mitral lesion. There was a faint murmur, at times hard to hear; the heart was but little enlarged, and there was no functional disturbance. On two occasions this patient took the gas, in order to escape the pains attending the extraction of teeth. The first time there was no trouble; the second time, a few days later, so much dyspnœa and cardiac irregularity were developed that the administration of the gas had to be suspended. Subsequently the patient suffered from palpitation and dyspnœa; the heart was found acting irregularly, and the murmur was very much louder. The heart now, for the first time, gave evidence of inadequacy. This case is interesting from its rarity, the gas having been given indiscriminately with surprisingly few accidents.—*Medical Journal*, June 16.

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## THE MISSING SCIENCE.

PROFESSOR TYNDALL says: "It was found that the mind of man has the power of penetrating beyond the boundaries of his free senses; that the things which are seen in the material world depend for their action upon the things unseen; in short, that besides the phenomena which address the senses, there are laws and principles and processes which do not address the senses at all, but which need be and can be spiritually discerned." In this utterance the learned scientist places himself beside the philosophers, who recognise man as a being that has his subsistence beyond the bodily organism. The laws, principles, and processes which are thus beyond the province of the senses, are those to which the world of sense must be for ever subordinate. Sir William Hamilton affirms the same thing with even greater definiteness: "The infinitely greater part of our spiritual nature lies always beyond the sphere of our own consciousness, hid in the obscure recesses of the mind."

There is a knowledge which pertains to the physical senses, and we call it *empirical*; there is that knowledge which



transcends the senses, and this is *philosophical*. One is apparent, the other real; one is a collection of phenomena and things witnessed by the senses, while the other belongs to the higher region of causes and motive.

Another writer of some merit and notoriety has propounded what he considers a "missing science"—a department of knowledge which has not been formulated, and so brought within the scope of text-books. He proposes to designate it as "*the Science of Human Character*." As such a science is included within the range of psychological inquiry, we are justified in giving it our attention. It is ethical, to be sure; so, too, it is rational, and to a certain extent even physiological. As logic is the science of the laws of reasoning, so this is the science of the laws of action.

The fact must be recognised in the foreground, that no two individuals have the same history or character. We often observe, nevertheless, that many, even hundreds and thousands, will often act in concert, as though moved by a single will. We witness such unanimity in uprisings of the people, in mobs, and other demonstrations. The conduct of the whole is the exact resultant of the motives of all the individuals combined; each supplying his part of the force, and swayed in his turn by the united force of the others.

It is well to begin by defining what character means. I consider it as the sum of an individual's qualities, that aggregate or ideality which he is marked by. It differs essentially, therefore, from reputation. That means only what the public thinks of a man; character what he really is. One may possess an excellent character and have only a poor reputation; or his reputation may be of the highest grade, and his character low, vile, and unworthy. Mr. Mallock amplifies this somewhat. "We may say," he says, "that we mean by character, *susceptibility to nature*; or we may say that we mean by it the *development and the organisation of impulse*."

A man's life is the expression of his motive. Desire, will, and action make up everything. The structure of human society is the outcome of the structure of human character. Civilisation itself, in its last analysis, is the organisation of human motive. It is only through motive that actions are influenced. Every individual has his own incentive, his own reason for doing. There is no fusion of motives when two or more persons act together. A million individuals have a million wills. Yet every motive is the result of antecedent

facts ; and in order to understand these, we must know the individual's biography. When men have distinguished themselves in some extraordinary manner, we seek for the ordinary manifestations. We learn the substance of patriotism from the biography of the patriot ; of sanctity from the biographies of saints. In order to understand democracy, we must know the lives of the men who lead the people. When a man inculcates unselfishness, we look to see how he practises it ; if he advocates equality, we want to know whether he does not really desire inequality. We remember that Napoleon and Julius Cæsar were democrats, and Maximilien Robespierre the inflexible adversary of the death penalty.

In this connection, it is well to bear in mind the words of Lord Bulwer Lytton : " Our thoughts are the divine part of us, our actions the human."

I would not reject the diamond for its flaw. Nor would I, because man's motives were tarnished by personal considerations, discard all the good which he sought to do, as not being really good. I expect humanity to be mingled with all that we behold of divinity. In most reforms that are urged, we find personal spite, envy, jealousy, the sense of individual wrong, a disguised effort at self-aggrandisement. There is danger always that the success of the reformer will be the establishing of a new form of the old abuse. Political reform, too, generally means to get you out and me in. Religious reform is a change of priesthoods. Yet out of all fluctuations the world moves on. While we are aspersing reformers for their faults of character, their energy often accomplishes beneficial results more radical than they had contemplated. The combined action of different individuals, with motives a world apart, many times effects good ends which few, or perhaps none of them, had sought after.

Then, again, as our natures are complex, so also our motives are likely to be. I protest against the cant and stale declaration that every individual is led and controlled solely by selfishness, in the baser sense of the term. I labour, not as giving my effort gratuitously, for this is injustice to myself and a wrong to others. I am influenced by the compensation which I hope to receive, and which I greatly need. I must pay my dues to others ; he who neglects to do this is immoral, and a thief. Yet I cannot be thus just and pure in my action except I obtain and possess the means. I must be just to myself and to those with whom I have to deal, or

else any charity or generosity which I exhibit is an empty farce, without the substance of merit. While, nevertheless, I insist upon my claim for an honourable consideration for what I do, as is proper between man and man, I recognise the higher obligation to do my work promptly, cheerfully, and to the best of my ability. In this I am governed by a higher motive—that of justice, moral obligation, and the desire to do that which is right.

The great teacher, Siddarta, inculcated the same principle: "Truth is to be spoken, self to be sacrificed, benevolence to be exercised, not for the sake of the good thus done for others, but solely for the effect of this conduct on the soul of the actor." The highest ideal to which religion has attained is to love the neighbour as one loves himself; and that it is no benefit to a man to gain the whole world and lose himself. The foundation of all motive and moral action is duty to self. I may wrong you, and then by keeping away from your sight avert from myself a quick sense of reproach; but I cannot escape from myself and the injury which I have there inflicted. My integrity—my wholeness—my health—is impaired by my wrong-doing. I cannot be entirely pure and happy when I do wrong. Even my countenance will reveal that I am sunk beneath my proper level, that I am degraded. No amount of apparent advantage can make me good for that. Hence there is no reward for doing right; to do right is itself the reward. Nor need we hound a man very much for his wrong-doing. The taint of his nature is the greatest punishment that can be inflicted. Little matter is it whether he feels this; he may be calloused or gangrened.

Selfishness is laudable in the infant. It is all that he can do properly to eat, keep comfortable, and grow. If he omits these, he is certain to be fit for nothing. Even the adult who does not provide duly for his own wants disqualifies himself for proper service to his fellow-man. The Yankee is not very far aside from the mark in regarding shiftlessness as the sum of depravity. It is in this very soil of selfishness, all black and full of foul sediment as it seems to be, that every higher motive is sown, planted and rooted, like the beautiful pond lily in the slime of the stagnant pond. All moral ideas are the outcome of the instinct of self-preservation. They are implanted in man and developed as they are in no animal, because man is eternal and the animal is not. Without immortality there is no morality. The obligations which I sustain to my neighbour are founded upon

our common life. If they terminated at the grave, all the incentives that we could cherish would be those of the brute—to conquer and devour. There could be no higher motive than selfishness in its grosser form; and as the logical outcome, rapacity and cruelty would be laudable. But happily for all, my neighbour and I do not part company at the charnel house.

Paul, the great Christian apostle, has aptly and wisely taught that charity, or love to the neighbour, transcended everything else and was man's highest motive, most sacred obligation to himself. No action is possible except it be prompted by some form of self-interest. If the individual is circumscribed by his individuality, then his motive is selfishness in its completest, basest form. If he includes others,—if the welfare of many is embraced within his circle, the greater breadth relieves it of that characteristic. If the whole world is included, then it is charity, benevolence, good-will to men—the one pole of human motive circling round to the other.

The desire for progress, for advancing, illustrates what has been propounded. We form the concept with the imagination, which is itself inspired by desire. The reasoning faculty then devises the means to accomplish, and the will sets the matter into operation. Nevertheless, how differently each one acts. One individual desiring wealth, labours and saves in order to attain it. Another will steal, lie, and defraud. It is so with other ambitions; some seek to achieve noble ends by noble means, willing otherwise to fail, and others are diverse in regard to either. Our delights are conditioned by our imagination. What pleases one is indifferent or even odious to another.

Curious as it may seem, our corporeal needs are first in respect to time. We must have food, raiment, and shelter. When these cannot be procured in a commonwealth, there is a volcano liable to burst out at every man's feet. Indeed, the average man will always work for food; if he wants a house, he will work to build one. Thus far, motive is limited to inevitable appetite. When this is satisfied, we must have higher intellectual development, or there will be no more labour. To this limit the word *practical* applies.

The imagination now comes in to widen the field of desires. Taste requires more elaborate furniture and adornment; but that taste is incited by a desire to please or rival others. It recognises their presence and influence, and in

this affords more incentives for labour, as well as for the exercise of skill. The conjugal, parental, filial and neighbourly relationships, develop the sense of delight in giving pleasure to others and aiding in their enjoyment. We become broader, more intellectual, nobler, as we are more kind, more generous, more well-wishing to each other. The highest intellect is developed in company with the highest morality and benevolence.

Whatever we may think of the religious and the visionary, both these classes are widened in their scope of view and imagination. Since history began to be written, the world has known no moral, social, or intellectual advance except where one or both took the lead.

By morality we mean what is intrinsically right. It is action which is everlastingly fit and worthy and useful. It is a hot enthusiasm for doing well. It is emotion, passion, desire, all aglow to add their contribution to the welfare and happiness of human beings. It is living in perfect conformity with conscience, that conscience being a lively conviction of what is just, and a vivid knowledge of the reality of things. Kant explains it as "acting in such a manner that the ruling principle of your life might become a universal law." Herbert Spencer defines it as "the mode of conduct which, under the conditions arising from social union, must be pursued to achieve the greatest welfare of each and all. In short, it is the highest evolution of the psychic essence in man.—ALEXANDER WILDER, in *Medical Tribune*."

## PROFESSOR PALMER'S STRONG DOSE OF LOBELIA.

MR. WALTER BESANT, M.A., in his charming "Life of Edward Henry Palmer," the great Orientalist, gives the following:—"It was in the year 1859 that Palmer began to be threatened with symptoms of pulmonary disease. These increased rapidly, and became at length so alarming that he was sent to one of the best physicians. He was told that his situation was extremely critical, and that, in fact, unless the disease could be arrested, which was unlikely, he had better put his house in order, because in a few months at best he would cease to exist. The poor lad received this intelligence with resignation. He determined to go back to

Cambridge and die there as comfortably as possible. And then a very singular thing happened. I tell it as it was told to me by himself, not once, but several times, and as it was certified to me by others who know the story to be true.

"There was at that time a certain herbalist living at Cambridge named Sherringham. Now, whether Palmer went to consult him, or one of his friends went, or, which is quite possible, the man himself knew Palmer, and volunteered his experience and skill, I know not; but, at all events, he did listen to Sherringham, did take his advice, and did follow the treatment recommended by him. It was simple, it consisted of a single very strong dose of *Lobelia*, a herb which produces, I am told, effects similar to those of hemlock. The patient was first seized with a violent attack of vomiting; then a cold chill laid hold of his feet, and slowly mounted upwards, it froze his limbs, which he could no longer move, and struck his heart, which ceased to beat, and his throat, which ceased to breathe. They had sent for a doctor by this time. 'I felt myself,' he said, describing this experience, 'I felt myself dying; I was being killed by this dreadful cold spreading all over me. I was quite certain that my last moments had come. By the bedside stood my aunt, poor soul, crying. I saw the doctor feeling a pulseless wrist, watch in hand; the cold dews of death were on my forehead; the cold hand of death was on my limbs. Up to my lips, but no higher, I thought I was actually dead, and could see and hear, but not speak, not even when the doctor let my hand fall upon the pillow and said, solemnly, "He is gone!"'

"There was no pain except the feeling of intense cold, he used to add, nor was he in any concern, except that he wished he had finished a certain book he had begun, and he wondered whether in the next world he would have the chance of finishing it. 'The act of dying,' he would say, 'is nothing to what people think. I have been dead myself and ought to know.' And then?

Then he recovered. He recovered suddenly. New strength came to him; he not only got the better of this poison, but the *Lobelia*, or something else, got the better of his disease. The consumption was arrested and he was no more troubled for the rest of his life, except on one occasion, with any more anxiety about his lungs. This strange story is absolutely true, and is known to all who knew Palmer at that time.—[Communicated by Rev. J. C. Burnett.]

## SILICEA IN NECROSIS.

By DR. HARMAR SMITH.

I WAS personally suffering a few months ago from a soft corn of the fourth toe of the left foot, which had been troubling me for months, and to which I had applied first vaseline and then carbolic acid ointment (1-50) without the slightest benefit. As the inflammation and swelling increased, and was now accompanied with considerable discharge, I consulted a surgeon, a relative of my own (not a homœopath), who happened to be in Ramsgate at the time. He found that the inflammatory process had extended to the proximal joint of the toe, which was ulcerated, and that the bone was necrosed, and grated under the probe. He recommended me to go on with the carbolic acid ointment, adding in a casual way, "On your system you ought to take *Silicea*." He further remarked, "Your wisest plan, however, will be to come up to London and have the toe amputated, or otherwise you will most likely be lame for life." I, however, preferred the alternative, and at once adopted his hint, and regularly took *Silicea* (3), and was delighted to find that in the course of a few weeks the swelling and ulceration quite gone; the corn vanished, as well as the pain in walking, which had been such an annoyance for so long.

South View House, West Cliff, Ramsgate,  
August 17, 1883.

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## THE PEARCE FUND.

Amount previously announced .....	£8	8	0
Dr. John Moore, Liverpool .....	2	2	0

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## PERSONALIA.

DR. A. E. HIGBEE, of Minneapolis, Minn, U.S., has lately reached London from the Continent, and expects to be back in Minneapolis again in September. Dr. Roth, of London, has been elected *foreign corresponding member of the Sociedad Española de Hygiene* of Madrid.

## CORRESPONDENCE.

*[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]*

*To the Editor of the Homœopathic World.*

ANNUAL CONGRESS OF HOMŒOPATHIC  
PRACTITIONERS.

DEAR SIR,—I beg to inform you that the Annual Congress of Homœopathic Practitioners will be held at the Royal Hotel, Matlock Bath, on Thursday, September 13th, 1883, at 10 a.m. The business of the Congress will be opened by an address from the President, Dr. Moore, of Liverpool.

After the President's address, a short interval will allow the Treasurer to receive subscriptions.

Dr. Bryce, of Edinburgh, will then read a paper entitled "Clinical Notes."

At one o'clock the President will leave the chair for an hour.

At two o'clock Dr. J. Compton Burnett, of London, will read a paper on "The Prevention of Abortion and Miscarriage by Diet and Remedies."

After this Dr. Robert T. Cooper, of London, will read a paper on "Otorrhœa."

Should time permit, Mr. Engall, of London, will read a paper on "An Enquiry as to the place where Impregnation of the Human Ovum occurs."

Discussion will be invited after each paper.

The Congress will next receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for 1884, elect officers, and transact any other business which may be necessary.

The members will dine together at the Royal Hotel at 6 p.m.

The subscription to the meeting, including the dinner, is fourteen shillings.

If you know of any colleague who has not received a circular please let me know.

I am, dear Sir,

Yours faithfully,

D. DYCE BROWN, Hon. Sec.

29, Seymour Street, Portman Square,  
London, W., July 24th, 1883.



## DR. ROLLIN GREGG ON BACILLI AND TUBERCLES.

SIR,—Again am I under obligations to Dr. Thomas for spreading the truth by attacking it, and thank him for it. Each attack gives me another opportunity to explain, and the controversial character thus given the discussion secures me more readers and closer attention from all.

Perhaps, as Dr. Thomas says, my "most extraordinary questions" (to him) about the primary organisation of fibrin, and its retrograde metamorphosis, were "bosh, pure and simple." But I was foolish enough to think they had a *scientific* bearing upon this subject, in the way of an endeavour to clear up and expose one of the "most extraordinary" errors that have ever been palmed off upon the world as science. And here I must say to you personally, Dr. T., that you have your *first* lesson to learn upon this most important of all the questions now agitating the pathological world; and you must excuse me if I do not accept you as the proper judge until you at least learn your alphabet on this branch of the subject. Go and study your physiologies, and learn what has been known for a century or more about the primary organisation of fibrin; and before many months pass I will tell you much more about that, and all, or much, about its disorganisation under various processes.

In the meantime, Doctor, I must also call upon you to come up out of that narrow, ugly rut, in which you have been chasing bacilli far too long for your own good. Come up on to the broad plane of *principles* and into the sunlight of *truth*. For you are allowing your mind to be eaten into by bacteria-mould far worse than any patient's body was ever eaten yet by it. And when under the benign influence of principles and truth, ask yourself the following questions:—

What causes the large heads and precocious minds of scrofulous children, or children of tuberculous parents? What causes the acute and active minds of most or many adult tubercular subjects? What causes the excessive nervousness and exalted emotion often seen in such patients? What causes the enlarged glands almost, if not quite, universal in scrofulosis and tuberculosis? What causes the thickened, curved, and ridged finger and toe nails, and other evidences of epithelial excrescences, or proliferations, so characteristic of the scrofulous or tuberculous subject? What causes the excessive proliferation of endothelial cells,

and their being cast loose into the lymph spaces in such profusion as to keep them blocked up greatly; and to lead Dr. Formad to proclaim this fact as the "anatomical anomaly," or "anatomical criterion," above all others, by which tuberculosis was always to be recognised? What causes the thickenings of serous membranes, and the universal attachments of the lungs to the ribs, to the pericardium, or to each other in phthisis? What causes the "irregular thickenings" of the walls of the air-cells, and the blocking of many of them up with rapidly proliferating epithelial cells under a development of tubercles in the lungs? (One would think that bacilli, if really present, might sometimes eat up these surplus cells, as nitrogenous matter, and let the lungs alone.) What causes the enlarged joints of tuberculous and scrofulous subjects, and other ossifications not uncommon in such patients? Why do tubercles *never* attack the cartilages when they do the bones, and all the soft tissues, but take the extremes of hard and soft tissues and everything between, excepting the cartilages, and leave them entirely alone? Why the excessive emaciation of the muscular system in phthisis, beyond that of most, if not all, other diseases where the sufferings are as great or greater, and as protracted or more so? Why are *all* the other tissues nourished in excess at the *same* time that the muscles are so withered in this disease? Why the night sweats, and why the fatty livers of consumption? What causes the "nosebleeds" so common in scrofulous children, who subsequently go into phthisis? What causes the excessive menstrual hæmorrhages of many scrofulous girls until they go into consumption, and then the former stop, while the latter go on to death? What causes the pulmonary hæmorrhages with which many cases of phthisis begin? What caused my pulmonary hæmorrhages in May, 1866, and again in July, 1869, lasting each time ten days, with bleeding two, three, and four times in every twenty-four hours? Did bacilli? No. Nor did a loss of albumen; but I will tell you soon what did. And, finally, what causes many other things too numerous to mention that go to make up a *whole* of phthisis?

Now, Doctor, you *know* that each and every fact indicated in the above questions is as much a part of phthisis, in the majority of cases, as are the tubercles—in many cases some one or more of them are even more prominent; and do you believe that bacilli caused them all? Bah! You know better. Your common sense tells you better, and the common sense

of every other physician who has any of that commodity tells him better. Phthisis is as much a *whole*, in all its manifestations, as is scarlet fever a whole in its varied developments, or small-pox in its; and it must have one general cause for all results, or one cause that *starts* all, as much as scarlet fever or small-pox. The same general cause that starts the tubercles also brings about all else that precedes and leads up to tubercles, and all or most that accompanies them; then what is it?

Do bacilli eat up the muscles of the legs and arms so completely as they are destroyed in phthisis, when there are, or may be, no tubercles within several feet of those muscles, or no nearer than the lungs? Do bacilli cause all the other tissues to *grow in excess by eating them up*? Do bacilli suspend the action of the law of endosmosis, so that the red blood-corpuscles can go on circulating in a medium—the consumptive's serum—which is much more watery than they were created to live in, and no harm come to them from it? You might just as well tell us that bacilli could stop the workings of the law of endosmosis so as to allow salt-water fish to live and thrive in fresh water; or to allow us to reach our best development by continued living in the dampest of damp cellars. You might as well assume all this as not to consider the fact that the blood-corpuscles *cannot* live in a much too watery serum without so injuring them as to change them into disease-producing structures that demand our most earnest attention. The same principle applies in all these cases, and that is a too watery medium to live and do well in.

How do bacilli cause the "perfectly transparent" tubercles of Gross, the semi-transparent tubercles of Laennec, or the yellow tubercles which were well known to Hippocrates, and have been developed in profusion in every case of phthisis since? Tell me that. These things must all be accounted for in some *rational* manner. Then how do bacilli account for all? Please answer all of these questions, or at least a few of them. You are so urgent for "demonstration"—please stop "writing," and "demonstrate." And here is as good a place as any to ask, If you did not intend to abide by the results of an argument, why did you start one?

Returning to the first list of questions, ask yourself all of them, from a hundred or more to a thousand or more times each, as I have asked myself during the last twenty-two years, and try as earnestly and faithfully to solve every one

of them as I have tried, and you will know a little what it is to study this subject as a whole, instead of a single false branch of it. And if you solve them all, and place them fully and squarely on a broad scientific basis, you will know a hundred times, yes, ten thousand times, more about tubercles than you ever dreamed of knowing, or than your bacilli would ever tell you. "Ye shall [then] know the truth, and the truth shall make you free."

Let me tell you now about my own pulmonary hæmorrhages, as I have promised above that I would do. I have said *no*, and repeat it most emphatically, that bacilli did not cause my hæmorrhages, notwithstanding I am a tubercular subject by inheritance. Nor did a loss of *albumen* cause them, however much that may appear to militate against my own theory. But it was, nevertheless, a *destruction* of the natural proportion among the several constituents of the blood, which nature is at such great pains to create, that led to those hæmorrhages. How is that, do you ask? I will tell you.

For four and a half years preceding my hæmorrhages in May, 1866, I worked day and night almost, on this subject, besides carrying on a large practice: that is, almost every leisure minute I could get from practice during the day I was at this extra work, and more than half the nights. I worked until one, two, and three o'clock in the morning, after all the fatigues of the day, and sometimes arose in the night and went to work. Other men have worked on this subject as well as Koch and Tyndal, and it is hoped to a better purpose. There could be but one general result, of course, from such excessive work, and that a "breakdown." But how about the hæmorrhages, and their resulting from a destruction of the natural proportions of the constituents of the blood?

Don't you see that all this time I was using up the brain-nourishing constituents of my blood too rapidly by such excessive mental work, and leaving the blood-corpuscles in a much too great relative excess in the blood-vessels (and all the other constituents as well, albumen included, and excepting those that nourish the brain), and that nature finally came to my rescue, and threw off that excess of corpuscles in hæmorrhages, to prevent their being congested in the lungs, to cause pneumonia, or to cause tubercles, and thus destroy me? All these things are plain enough when you once see them.

That action went on—that is, the bleeding—for ten days and nights, as already said, and until the equilibrium was restored, and then I made a quick and very satisfactory recovery. I saw it all then as clearly as I see it now, just how I had abused nature, and how exceedingly kind she was in coming to my rescue after all my abuse of her. And I did not become seriously alarmed, although it was a little “scarey” at times, when the blood came welling up fresh and warm from the centre of my right lung, from where I could feel it start. My only doubt was, if I had not carried the destruction of the proportion of the elements of the blood too far, had not used up so much of the brain-making material of the blood as to bleed me out, or beyond what life could stand, before the equilibrium could be restored. But nature rarely, if ever, allows that extreme to be reached, as I have learned since, before she steps in and asserts herself, and takes direction of affairs. This is all “bosh, pure and simple,” I know, because some man with a great name (great because of advancing and stoutly maintaining some great absurdity) has not said it before me; but then it is “kind o’ self-consoling,” after all, to talk “bosh” sometimes, when one does not know what else to say.

Again, in July, 1869, was the above all exactly repeated, excepting that it took only one year of excessive mental application that time to bring the hæmorrhages in the same way and lasting just the same length of time. But there was the same happy recovery in a rapid and satisfactory manner then, as before, after nature had righted things, or counteracted my wrongs.

And here let me say there was no violence done to nature by medical treatment either time, but the most rigid reliance placed upon Hahnemann’s most rigid teachings in every respect. No astringents, no tonics, no stimulants, no anything but the most strictly indicated Homœopathic remedies, as nearly as I could judge, and in the high potency and single dose.

Nor was my case (as singular as it may appear to have been) an exceptional one. Hundreds and thousands of cases occur annually among the students of our schools and colleges who are terribly overworked mentally to hasten by a year or two their graduation, only to die at the end of it all as a sacrifice to haste; and, shall I say it, a sacrifice to the utter ignorance of the medical profession of this whole subject in this aspect of it. Such students are not uncommonly attacked with

pulmonary hæmorrhages (I have myself known a number of such cases) as a consequence of using up the brain-building food of the blood too rapidly, and leaving so great a relative excess of the blood corpuscles in the circulation that they must be disposed of some way to avoid worse results; and nature kindly steps in and tries to direct the case to a safe issue.

But next, in steps the doctor, be he allopathic or eclectic, and mostly so with homœopathic physicians, and says this blood must be stopped at once, no matter what the consequence; and goes to dosing with some powerful astringent like salt, or some of the preparations of iron, hamamelis, etc., etc. And these drugs either constrict the small bronchial tubes so as to hold the blood in them that is already effused there, or it paralyses them so that they cannot expel it, and there it lays to rot and destroy the lung through acute suppuration, or goes on into the formation of a tubercle or tubercles. Speaking of the clot left in the lungs after such bleedings, Niemeyer so truly says: "It is precisely the rule that the originally dark brown nodule by a lengthy process becomes yellow and cheesy." And all astringents only help to bring about this disastrous result.

Strictly homœopathic treatment, on the contrary, aids nature, as in my case, to expel all the blood from the tubes that is poured into them, so none of it shall be left there to cause trouble; and at the same time such treatment arrests the action of the forces that are driving the surplus corpuscles towards the lungs to find their exit from the system. In other words, our remedies, when rightly administered, hold back or restrain all violence of congestion in such cases (to keep life in the mastery) until through successive small hæmorrhages the surplus corpuscles are disposed of. Or, if not that, then by stopping the constriction of the small veins, which is the immediate physical cause of congestions, avoids these (by keeping the blood running) until the corpuscles in excess are decolorised and excreted into the bowels, and thus carried off as refuse. In critical diarrhœas after congestions, the explanation of the great relief often afforded thereby is, that the dead or dying corpuscles of congestion are decolorised and carried off through the bowels, and thus entirely gotten rid of from the system.

Many students go directly into pneumonia, or consumption, without preceding hæmorrhage after such excessive

mental over-tax as described—the excess of corpuscles in their cases being congested in the lungs, and finding no outlet, either produce an acute abscess, or, if the action is sub-acute or chronic, then the blood-corpuscles are decolorised into tubercles.

And still again, men in all the professions and other walks of life, where they are liable to mental over-work, are, multitudes of them, breaking down every year and in this very way; that is, from using up the brain-nourishing materials of their blood too rapidly, and throwing all its constituents into a disproportion, leaving too little of the one and too much of the others. And then, other things being equal, they will go into that diseased condition to which they are the most *naturally* liable. But after middle life they are not so liable to tubercles as in youth, and why? Because the proportion of blood-corpuscles is considerably less then, in comparison to the other constituents, than in youth; so there is not so great an excess of them left by a like waste, or using up, of another constituent, and there are not so many of them, of course, that must be disposed of. Still, if there is a marked tendency to tubercles, such subjects will also develop them.

Should you say, Doctor, that my own hæmorrhages were too long postponed to make good my claim as to the real cause of them, I will tell you something further. There was scarcely a day when I overtaxed myself in all the first four years and a half spoken of (and there were few days comparatively but what I overworked) that I did not bleed from the *gums* more or less freely. Frequently during the day, when under the most intense application, I would taste blood and expectorate one, two, or perhaps as much as three or four teaspoonfuls of it; but from the gums only, understand. This I sometimes had happen to me two and three to half a dozen times or more a day, and often used to be wakened two or three times in the night by a mouthful of blood; or if not, would awaken in the morning and expectorate a tablespoonful or more. In this way was the excess of corpuscles disposed of from day to day, until my vitality was more exhausted and the work carried to a still greater extreme, when the lungs were taken for the outpouring of that excess. Nature then brought me to my senses, and demanded of me to abandon my abuse of her, or fare much worse, and I obeyed.

Moreover, as I am at the confessional, I may as well tell

more, and how other constituents of the blood, that were left in excess, were disposed of. I do not know how I can better serve the world. Almost always after an hour or so of close application the kidneys would begin to throw off the excess of water and keep on actively at that work all during the mental tax and for some hours after, requiring micturition every hour or half-hour.

Two or three hours of close mental application would also always bring on a profuse nasal catarrh to dispose of the *excess of albumen* that was left; and thus was that excess discharged off daily. During all those years I was a marked subject of catarrh, it always being much worse under hard work, but would lessen greatly after a few days of less intense application.

And here let me say that many of the cases of nasal catarrh—here, in our country, at least—are due to the great mental strain and excitement of our business and professional men. And this is the reason of so many failures in treatment of such cases. The cause is continued, and, of course, the effects must also continue, in spite of all medical treatment, unless, as is often the case, violent measures are resorted to like irritating injections, etc., that cause a reaction to be brought up in the nostrils to strengthen the mucous membrane there, and drive nature to take the throat or lungs through which to expel the excess of albumen in cough and expectoration; and, of course, with much worse consequences to the patient.

Coming back to my own case, the so-called tartar collected rapidly on my teeth, masses of it frequently flaking off half as thick as a tooth. Thus was a portion of the salts of the blood that were left in excess disposed of; but probably a much greater portion of them was cast out through the kidneys and bowels. The salivary glands were also very active, the mouth being frequently filled with saliva, evidently to get rid in that way of something in excess, but I am not sure what.

Finally, there was always profuse perspiration of the palms of the hands, which were frequently oily, and at times an oily perspiration on the forehead; and thus was a part, at least, of the excess of fatty matters cast out; but I was under the impression, whether rightly or wrongly, that a portion of the excess of fatty matters also disturbed my liver somewhat, though never seriously. What became of the excess of



fibrin I never knew, but it was probably thrown off in a fluid state in some of the excretions.

All of these things were exactly repeated in my year of over work, preceding my second series of pulmonary hæmorrhages in July, 1869; so they must mean *something*. And from first to last I realised exactly what was going on, as well as I do now, and let it work, with very little or no meddling with medicine, until the pulmonary hæmorrhages came, and then I was exceedingly cautious not to overdo matters with medicine, as already stated.

During all the time there was a good appetite for three full meals daily, and in the main, good digestion. This, of course, supplied material for the great waste that was going on. Hence my vitality was not so seriously impaired as it otherwise would have been; but it was subject to a terrible strain nevertheless.

It is not much more agreeable to thus expose one's physical weaknesses, than it is to dwell upon any mental weakness; but it is hoped the world will be the gainer in this instance, by seeing what a tubercular subject may go through, with a considerable degree of safety, by the strictest possible temperance in all things else. All stimulants, including tea, coffee, and tobacco, and all condiments excepting a little salt, were wholly avoided, and only the plainest food taken. My system was thus kept free from all irritating agents, and therein no doubt lay much of my safety.

To digress still further from our main issue. In cholera there is also a destruction of the natural proportion of the constituents of the blood, but in this case it is the water that is run off, or wasted; thus leaving all the other constituents (including albumen here too) in a relative excess. True, the "rice water" discharges of cholera contain a good deal of the albumen, fibrin, salts, etc., of the serum, but not the full proportion of these naturally contained therein, and, of course, *none* of the blood corpuscles.

The blood corpuscles, therefore, are here again left in a great relative excess in severe cases of cholera, and in four or five days to a week or ten days after cholera, up comes a more or less severe attack of dysentery in many cases, and for what? Why, simply to expel this excess of the corpuscles, and restore the equilibrium, so that nature can get back to herself, or that life can get full possession of all the machinery, and run it again harmoniously. The mucous portion of the dis-

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charge in these cases of dysentery following cholera carry off the excess of albumen, fibrin, and salts.

Sometimes a secondary diarrhœa will arise after cholera, and carry off the surplus corpuscles that are left in that way. But in such cases the corpuscles are first decolorised in the rounds of the circulation, or before their excretion into the intestines; and the equilibrium in the proportion of the blood constituents is thus restored. The natural fœcal matter of health is always constituted in part of the old, worn-out, dead, and decolorised blood corpuscles, hourly excreted to get rid of them; while new corpuscles are hourly being made in the right proportion to take the place of those that die of old age. So it is no stretch of the imagination to say that fœcal, not purely watery diarrhœa, often runs off an excess of blood corpuscles, that may be left in the bloodvessels from any cause.

Not infrequently, when neither dysentery nor a secondary diarrhœa arises, to carry off the excess of blood corpuscles left after cholera, congestion of the liver, or of some other vital organ, will be the result, and a serious illness from that, with an abscess, and fatal termination, or long-standing chronic disease follow; or boils or superficial abscesses may be developed to expel the surplus corpuscles through them.

I have treated cases of cholera, with dysentery following, as described, and have seen numbers of cases of chronic disease of the liver or other organs, that began as congestions immediately or soon after cholera; so I am not speaking at random in this matter. It is curious and instructive, too, that nature *waits* in her establishment of dysentery after cholera, for the purposes stated; that is, she allows matters to lie dormant, or in abeyance, until there is sufficient recuperation to enable the patient to stand the secondary disease, if all is rightly managed. She does not rush in stupidly, as I fear many doctors would do, and try to right things, or expel the surplus corpuscles at once, before the patient has had time to rally and regain strength, but she waits, so that life may be saved.

And now it is to be hoped that the profession will lay these facts to heart, in case of another visitation from cholera over the civilised world (as seems at present not improbable), and act accordingly; that is, not thwart nature in her kindly purposes for our good. May it especially be a point with our school, at least, to rely exclusively upon the strictest teachings of Hahnemann, and treat their cases *right* from the

beginning, and reduce the necessities of the secondary diseases to the minimum; and, then, when dysentery does come, not get alarmed, abandon their principles, and go to giving "chalk mixture," astringent injections, sedatives, etc., to thwart nature, and make sure of destroying their patients; but aid nature with the *right* homœopathic remedy, in the single, or perhaps second dose, and all will go well.

In tuberculosis, diphtheria, and all other diseases that have their *physical* beginnings in catarrhal or mucous discharges from any of the organs lined with a mucous membrane, it is the loss of albumen that throws the constituents of the blood into a disproportion, with all the consequences I have pointed out in my various writings upon these subjects during the last fifteen years. Thus, as will be seen, this question of a destruction of the natural proportions among the constituents of the blood is no shallow one-idea, like Koch's bacillus theory, but furnishes a broad *scientific* basis for all pathology.

Doctor, you are fighting a losing battle on a *very narrow* field; and all your skirmishing over mouldy bread, and away off to India to give the appearance of a great breadth of base for your operations, will do neither you nor Professor Koch the slightest good. Marshalling my hosts of *principles*, *experiences*, and *facts*, that have always stood by, and fought well for me, I will overlap, or break through, your small army of bacilli and bacillists on either flank, and all the better because one flank of your army does extend to India.

And this leads me to refer to the "Madura Foot of India," which you would make prove so much. Do you not know that this is an offshoot of the leprosy; and that your "Chionyphe Carteri," of that disease, are only particles of fibrin coagulated into that form by the peculiar action of "Madura Foot" upon the organisation of the excess of fibrin left in the blood thereby? The same of your Gen. Saprolegina Ferax, and of all your other generals in command of your several divisions of Ringworm, Favus, Herpes, Pityriasis Versicolor, etc. You see, Doctor, we have too big a country over here to be frightened with very little things, simply because they are given very big names. A nice time your Chionyphe Carteri would have building up the enormity of Madura foot and leg by eating the nitrogenous matter all out of them. Doctor, I feel sorry for you if you cannot reason better than that.

Do you not know, moreover, that every disease has a somewhat different action upon the organisation of fibrin? Please, now, don't also declare these "questions as bosh." You might hurt my feelings; besides, there may be some *facts* behind them, and facts, you know, are sometimes ugly things to encounter. Is not one form of teeth produced by inherited scrofula, and a quite different form of teeth produced by inherited syphilis? And does not acquired syphilis change the form of the teeth in many? And if these hardest of all structures of the human body are changed so greatly from what is natural, and so differently by different viruses, is it very unreasonable to think and assert that the infinitely more moldable material, fibrin, may be changed in form somewhat by different diseases?

Disease often changes the whole contour of the face, head, joints, and sometimes even of the whole body, and won't you allow me the poor privilege of *claiming*, until you prove to the contrary, that disease may change the forms of the granules and fibrils of fibrin just a little while they are being organised out of the fluid into the solid state?

But hold; I am running on at too rapid a rate, and laying myself liable to the charge of casting dust in your eyes for the sole purpose of blinding you and evading your pertinent questions about "demonstrating," microscopically, all that I have claimed about the organisation of fibrin, and the different forms, "two-tailed" and otherwise, that may be given it by different diseases. But supposing I cannot prove, in the present state of science, all that I have claimed, does that destroy all the *facts* I have given in connection with this subject? Men *have* seen beyond what they could prove, and may this not be done again? Some of the grandest developments the world has ever seen have been started by men who could see far beyond what they could prove, or accomplish, in their lifetime; and there can be no doubt that this will be done again and again in the future, as in the past.

But suppose, on the contrary, I can prove by actual "demonstration" all that I have claimed, and far more besides, and show that there is a *great science* in this subject; a grand cycle in life, beginning with the forms of fibrin in the lowest class of vegetable structures, and reaching from them on step by step up to the highest development of it in man. And supposing I can also "demonstrate" that in the destruction of this higher organisation of fibrin in animal life by disease, it goes down again, step by step, in

the exact inverse order of its building-up, until it repeats every step down to where it first began in vegetable life. What then? Will men believe? I have my doubts of it. Still, one thing I do know, viz., when that is done we shall all know far more of physical life and its beginnings than we have ever known yet, or than we could ever know by chasing bacteria to the end of all time.

But, let men believe or not believe, that is just what I propose to say and do, as soon as I can get the time to prepare the paper explaining the little I know in that direction. I shall be prepared to grant the bacterists any percentage of discount they may demand in micro-photography, and then far surpass them in both the beauty and numbers of specimens of disorganising and disorganised fibrin, if it should be necessary to produce them. But the necessity for that will hardly arise then. The whole matter will be shown to be too simple to require that; besides, any one with a good microscope can prepare his own specimens and see for himself, and not have to take the matter second-hand.

Then we shall see whose "bosh" is the most worthy of credence, and until then, Doctor, we may as well part friends as enemies, and with a better appreciation of each other, possibly, than if we had not had our little controversy.

Yours truly,

R. R. GREGG, M.D.

Buffalo, N.Y., July, 1883.

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## HOMŒOPATHY AND CHOLERA.

*To the Editor of "The Evening News."*

SIR,—At the present time, when the ravages of cholera in Egypt and its outbreak among the British troops is causing universal concern and receiving the practical attention of our Government, it is certainly not inopportune to ask whether the General Board of Health has recommended, on the basis of the statistics of treatment during the cholera epidemic in London in 1854, any course of remedies as having been proved by the returns furnished after that outbreak to be the most effectual. It may be in the remembrance of some of your readers that in 1855 a report was furnished by the General Board of Health to the Secretary of State on the

results of the different methods pursued in epidemic cholera. I desire to make no special allusion to the facts that during that epidemic the wards of this hospital at its late premises in Golden Square were emptied of ordinary cases, and its doors thrown open for the reception of patients attacked by cholera, that consequently an excellent field was presented for efficiency in treatment; that the returns furnished by the hospital on forms supplied by the Board of Health were excluded by a committee of the Medical Council from the analysis which they made for the information of the Board of Health, a report to Parliament being issued without them, and that the returns of this hospital were subsequently printed in a separate Parliamentary paper, by a special resolution of the House. I have no wish to resuscitate controversy. It is not at the present time a question of one medical theory *versus* another, but it is a question of a terrible disease, of which, avowedly, little is scientifically known, and of the course of remedies which has, in time of severe test, been proved in comparison with other courses of treatment to have been the most successful in saving life. Nor is it a question of the operation of unknown remedies, nor of empirical practice. The remedies used at this hospital in 1854 are common to the allopathic and homœopathic *Materia Medica* alike, though applied on a differing principle of selection. The special Parliamentary returns embodying the statistics of the treatment of cholera at this hospital, to which allusion has been made, are dated May 21, 1855. According to the returns therein published, the deaths under the treatment pursued at this hospital did not exceed 16·4 per cent. in an epidemic in which, as the analysis furnished by the committee of the Medical Council showed, the deaths under the most successful treatment pursued in other metropolitan hospitals were at the rate of 59·2 per cent. This is a serious difference; and, in view of a possible visitation of cholera, ought not to be allowed to pass without practical notice. The following statement of Dr. MacLoughlin, one of the medical inspectors of the Board of Health, who visited this hospital at the time, sufficiently substantiates the true nature of the cases under treatment. He says :—

“ You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me in your camp an enemy rather than a friend; and that I must have, therefore, seen some cogent reason there the first day

I went to come away so favourably disposed as to advise a friend to send a subscription to your charitable fund, and I need not tell you that I have taken some pains to make myself acquainted with the rise, progress, and medical treatment of cholera, and that I claim for myself some right to be able to recognise the disease, and to know something of what the medical treatment ought to be; and that there may, therefore, be no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease, and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other. In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that although an Allopath by principle, education, and practice, yet, was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a homœopathic than an allopathic adviser."

My principal object in laying these facts before the public is to ascertain whether there is any reason why the course of treatment shown to be so successful should not be recommended to the medical officers of the Government in Egypt for their adoption. The medicines are well known, and the application of them is simple. The four principal remedies are—*Rubini's Tincture of Camphor, Cuprum Aceticum, Veratrum, and Arsenicum*. The public confidence is already great in the first-named, and not without reason, for during the epidemic in Naples in 1854-5, Dr. Rubini treated with his tincture 377 cases of cholera, and saved every one, the true nature and severity of the cases being vouched for by the Government officials under seal; while during those epidemics the mortality under other treatment in Naples was at the same time 70 per cent. As to *Cuprum*, it is noteworthy that the Paris correspondent of the *Times*, writing a few days ago, stated that Dr. Vrelpian, whose experience with cholera dates from 1849, is strongly disposed to the treatment by copper (*Cuprum*).

I am, Sir, your obedient servant,

WM. VAUGHAN MORGAN, *Treasurer*.

London Homœopathic Hospital and Medical School,  
Great Ormond Street, Bloomsbury, July 28.

## THE HOPES OF THERAPEUTICS IN GENERAL, AND HOMŒOPATHY IN PARTICULAR.

SIR,—Here in Liverpool, the first week of August, 1883, this great city is favoured by the advent of the British Medical Association. The question of the exclusion of homœopaths and women has been a sore trouble to the members of the above-mentioned Association. Professional feeling, like the course of true love, did not run quite smoothly even in that great congregation of doctors assembled to represent the advances, claims, and rights of modern medicines in general. To judge from the various topics dwelt upon by the new President, the hopes of medicine rest essentially upon our more intimate acquaintance with pathology, and our ever-increasing production of mechanical appliances. How often has this been the theme of presidential addresses many a time before this, when the profession may have had need to be congratulated upon its present satisfactory condition and future prospects! When reading this address, however, one could not help being struck by the very scanty reference to the great subjects of sanitary science and preventive medicine.

With the exception of the President's reference to the minute organisms of disease, and the important results of their prevention in the preservation of animal life, and the hopes entertained for the future for this branch of therapeutics as applied to man, one finds but hardly any allusion to sanitary science or the prevention of disease, exhibition of drugs before their onset, or other modes of effecting the same object. Yet the leading medical spirit of this age has wedded itself (which of course every one admits is a matter for congratulation) not less closely to sanitation than it has to improved mechanical appliances, instruments for physical diagnosis, and microscopy in relation to pathology. The former great anchor of medicine, the drug administration of old, has received a great shock of late years, and the links of its chain appear to be much shaken. Allusions to the subject of therapeutics in the diseased person are not sufficiently frequent, and the investigations and arguments thereon are not thorough, and especially is this the case where large associations of medical gentlemen are gathered together.

From this we might infer that allopathic hopes are not high in this direction. But when we consider how occupied is the great body of the profession with those great and important branches of medicine and surgery which lie outside



therapeutics, but which serve to a great extent now, and will henceforth assist in the application of specific therapeutics to the diseased state, we are not surprised that the attention of physicians has been almost exclusively occupied with that comparatively small portion of therapeutics which deals with the relation of therapeutics to those clinical, mechanical, and antagonistic conditions of pathology, which may, in certain instances, constitute some of the obstacles to be overcome when we attempt to assist the body towards a comparative recovery of health, or to establish a compensation in the relationship of its disordered functions. Notwithstanding all this, the hopes of Homœopathy still remain to be set forth as we may see them in these times well-defined by the yet constant exclusion of that portion of our studies which deals with the application of similars to all those phenomena of disease to which a similar can be applicable.

The longer the time permitted to elapse before this special branch of investigation be taken in hand by the opposition, the greater will be the time during which Homœopathy, as separate from the main body, will have the opportunity of providing the profession in general with such works as deal with the application of the Law of Similars and its limits.

If works of such a sort be produced as cannot be dispensed with by any general practitioners or specialists, or pilfered from now or hereafter without great risk to those who do not believe in the law or who make no open profession of such belief, then not only will the hopes for Homœopathy have been realised to a very large extent, but the hopes of homœopaths, also as medical men devoted to the advance of science, will be also realised to an extent hardly to be credited by the allopaths or even the homœopaths themselves.

Liverpool.

S. H. BLAKE.

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#### DR. USSHER AND DR. BERRIDGE.

DEAR MR. EDITOR,—It is not given to every man to be three times saluted in one copy of the *World*; misinterpreted, instead of misquoted, I discovered my error on reference to the back number after my article had appeared; so far, “peccavi,” but the context made my meaning so plain, that hæmorrhage from the bladder alone could be intended.

Dr. Berridge wants to know who the wicked impostor is.

Dr. B. says true, he is wicked, and worse still, an impostor and, "horribile dictu," a friend of Dr. B.'s. For two reasons I will not give his name. *First*, the "soft impeachment" came to me through a lady, and she had the true story from the gentleman's own lips—a revelation, we may term it; and at the same time he confided to her the weekly increment to his income, which shows the *clients* are not a legion. I *never* play jokes—that is the business of April and other fools. *Second*. My refusal is based upon another impeachment. Dr. B. will remember that in a case of Dr. Wilde's of Hiccough, he discovered the simillimum, and, with the utmost dog-in-the manger dignity, declined to communicate the name of the remedy (which *must* have relieved the young lady) either to the *H. World* or Dr. Wilde, and owing to this wanton cruelty the poor girl may be still in a state of bondage or expectation. Tit for tat is fair play. Any one is welcome to any bit of knowledge I have, provided he is *civil*. Dr. B. says he was the founder of the Legion of Honour. I am glad to know it, for I do not think any one else would be proud of it. Now, we can account for the electro-plated baby. Why, doctor, if you had given the article a little more silver he might have passed for genuine. Of course I feel for the doctor, that one of his hopefuls should have turned out so badly. It is very awful to think that high aspirations should come so low as to deserve the name of wicked. Imp is bad enough for any one, but to ruthlessly expose the Brummagem decoration, and call him impostor, is a shock to one's sense of propriety; it has touched my most sympathetic ganglia. And this, too, from canny Scotland!!!

I am, dear Editor,

Yours sorrowingly,

H. USSHER.

Wandsworth, August 2nd, 1883.

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### ST. GEORGE'S HOSPITAL.

DEAR SIR,—A very rich patient of mine was urgently solicited to contribute towards a fund for St. George's Hospital, and was just about to send a large sum to the Hospital when I placed in his hands the *Homœopathic World* with your article in it, "Then and Now, etc.," and after having read it, he wrote to say that as they had shown such illiberality and bigotry in refusing Major Vaughan

Morgan's magnanimous offer to subscribe "*one thousand pounds a year for five years, to be devoted to beds to be given up to homœopathic treatment,*" that he must decline to contribute anything towards the support of the Hospital until they show more medical liberality.

Lansdowne House, Ryde,  
August 14th.

H. HASTINGS, M.D.

[We would suggest to our friend Dr. Hastings that he give the address of Major Vaughan Morgan to his rich patient with a gentle hint that the gallant major is treasurer of the London *Homœopathic Hospital*.—ED. *H. W.*]

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### AN OPEN LETTER FROM DR. SKINNER TO "AN ASTOUNDED LAYMAN."

MR. EDITOR,—It is not often that I exchange words with patients or with laymen on professional subjects, but, as "An Astounded Layman" has stumbled upon an arithmetical or physical point which he thinks he ought to understand, with your permission I shall try to enlighten him. And, firstly, what is it which has so greatly astounded "a subscriber to the *World* for many years"? Is it the brilliancy or wonderfulness of the cures of "the chronic peritonitis with serious complications," and of a case of "chronic scrofulous ulcer of the cornea"? Does the gentleman, or lady it may be, know what is comprised or meant by such diseased conditions? What suffering they denote to the patient, and what difficulties they present to the physician? When "An Astounded Layman" has laboured seven-and-twenty years as an allopathic physician, when he has served an apprenticeship to an oculist of the old school, and as the private assistant of the first obstetric physician and gynæcologist of the present age, he might be in a position to judge what is meant by *chronic* inflammation of the ovary, peritoneum, or cornea, and what kind of a cure was really effected. He has never had such opportunities, consequently it would have been wiser of him to have left the matter to you, Mr. Editor, or to some one more worthy of my steel.

Your subscriber has received two shocks to his nerves, your June number having been one too many for him; but what would he think if I told him that I have hundreds of

such cases to publish, and that I have published dozens such in the *Homœopathic Physician*, in the *Organon*, and in the *North American Journal of Homœopathy*, and that every day I am effecting cures of *chronic diseases* which have failed to be cured in the hands of others, and with those same "modern attenuations" which he affects to despise?

Pray let me ask this "Astounded Layman" to inform me what cured the chronic inflammation of the ovary with intensely acute pain, existing for months without the slightest relief, if it was not the *Apis* 50 M (F.C.)? There was no change in the diet, no change of air, no anything to account for the change from suffering to a state of health except the *Apis* 50 M. We all know that chronic disease, as a rule, has no tendency to get better of itself—in fact, this tendency of chronic disease is its main characteristic—consequently, if this case got better, and all who saw it said it would not, something must have done it. Our astounded friend is so astounded that he prefers to think that something else effected the cure. If he is still of the same opinion will he kindly oblige with the *rationale* of the cure in this case, and in the case of the *Silicea* 50 M, and of the hundreds of cases of chronic disease which have come under my charge since 1874? I may here inform him that I limit my practice entirely to cases of chronic disease, and I rarely use any besides those same high or "modern attenuations."

Astounded or not, laymen and laywomen have been, still are, and are likely to remain the pioneers and the best friends of Hahnemann and Homœopathy, and as such it is well that they should be rightly and fully informed. Our friend shrinks from being recognised as so great a fool or madman as to believe in the therapeutic action of the 50 M, or *fifty-thousandth centesimal attenuation* of any medicine. For all that, he candidly admits that he can "put faith in the action of fairly high dilutions, say even up to the 30th centesimal." Is our friend at all aware of what he is admitting? Does he know that every grain of the 30th centesimal attenuation contains neither more nor less than the decillionth of a grain of the crude drug? Is he aware of what a decillionth means? It means this, that one decillion is composed of ten hundred thousand nonillions; that each nonillion is composed of ten hundred thousand octillions, and so on through septillions, sextillions, quintillions, quadrillions, trillions, billions, and millions. Our friend

can swallow this much, but anything beyond is simply "*mystic moonshine*"—lunacy! "One can easily imagine the utter contempt with which such incredible statements must be regarded by intelligent allopaths" (*Homœopathic World*, 1st August, 1883, page 377).

Why is our friend astounded at the 50,000th and not at the 30th centesimal? It cannot be because the action of the one is a shadow more reasonable or intelligible than the other; for the 30th to my shallow pate is quite as puzzling, quite as seemingly illogical, and quite far enough beyond my comprehension to class it among our friend's "inconceivable infinities that one hears of nowadays." The true and only reason for our friend's astonishment is that he has seen, and possibly felt in his own person, the action of the 30th, and he has still to see and feel the action of the higher attenuations before he can have faith in them, and a most wise man he is to act so, as experiment and experience on the living in health and in disease with any attenuation is the only test of the truth as it is in Hahnemann. All who test it fairly and according to Hahnemann's directions will find that *the higher we go* (and hitherto no limit has been found) *the greater the therapeutic power*, insomuch so, that a *single dose* will be found to be the rule instead of the exception.

With expressions of the kindest feelings towards our lay friend, I have the honour to remain, Mr. Editor,

25, Somerset Street,  
Portman Square, W.

Yours truly,  
THOS. SKINNER, M.D.

P.S.—Our lay friend reminds me somewhat of a dear old Hahnemannian in New York, who, when I asked him his opinion about these higher potencies, said "Really, doctor, I have no opinion to give; I never got above the 900th, and I mean to stick there."

## LAC FELINUM IN HEADACHE.

By S. SWAN, M.D., New York, U.S.A.

ONE dose of *Lac Felinum* DMM (Swan), cured a terrible headache penetrating the left eyeball to centre of brain, with pain in left supra-orbital region extending through brain to right vertex.

## ACTION OF FERRUM PHOSPHORICUM.

By J. C. BOARDMAN, M.D., Trenton, New Jersey, U.S.A.

A LADY, about twenty, blonde, with a skin as fair as the white lily, consulted me. For two days or so her cheeks were swollen, fiery red, and burnt like fire, but there was no itching, eruption, or roughness. I gave her one dose of *Ferrum Phosphoricum* MM (Swan). In about thirty minutes the burning fiery redness had gone entirely. The cure was perfect, and there was no return.

## SECONDARY SYPHILIS CURED BY SYPHILINUM.

By I. H. JACKSON, M.D., Boston, Mass., U.S.A.

MR. —, an actor, was very much troubled with syphilitic maculæ over the back, chest, abdomen, arms, and legs. He had had it for two years, and it followed the suppression of a chancre. He said he had tried everything for it in vain. On June 6th, 1881, I gave him two powders of *Syphilinum* CM (Swan). In September, 1881, he wrote to say that his skin was as smooth as when he was born, and he was in splendid order. The spots were not on any uncovered part of body.

## REPORTS OF INSTITUTIONS.

## NORWICH HOMŒOPATHIC DISPENSARY.

*Annual Report, 1882-83.*

*Honorary Medical Officers*—Dr. ROCHE, Dr. E. B. ROCHE.

THE work of the Dispensary during the past year has considerably increased. Both free and provident tickets for home visitation have been largely used, and especially in the latter is the development observed. The committee are glad to report this as a desirable feature.

Some of the cases treated have been of an unusually severe character, and their satisfactory termination has led to increased confidence amongst the poor.

The Friday evening Dispensary continues to be a great

convenience to those whose employment makes it difficult for them to attend during the morning. The arrangements of the Dispensary continue unchanged.

The medical officers report an increasing appreciation of the benefits of the institution on the part of the patients, and have to thank several subscribers who, living out of the city, have greatly helped them by placing unused tickets at their disposal, enabling them to renew the card in cases where a continuation of treatment is needed but the patient is unable to obtain a second recommendation.

The committee have again thankfully to acknowledge the share received from the Hospital Sunday Fund; and patients with recommendations supplied to its secretaries have been attended at the Dispensary.

The number of attendances upon patients at the Dispensary has been 2,678, and the number of visits to patients at their homes 1,290 during the twelve months.

The numbers were 2,056 and 968 respectively during the previous year.

The thanks of the committee are due and are hereby sincerely offered to all the honorary officers, and especially to the medical officers of the Dispensary.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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### BOOKS AND JOURNALS RECEIVED.

The Therapeutic Gazette, July and August, 1883.

El Criterio Médico, Tomo XXIV., Num. 9 y 10.

The American Homœopathic Pharmacopœia. Second Edition, thoroughly revised and augmented by Joseph T. Connor, M.D. Boericke and Tafel, New York, 1883.

The Guide, August, 1883.

Journal of Medicine and Dosimetric Therapeutics, July and August, 1883.

Chemist and Druggist, July, 1883.

The Clinique, June 15, 1883.

Allgemeine Homœopatische Zeitung, Bd. 106, Nos. 25, 26; Bd. 107, Nos. 3, 4, 5, 6.

Hahnemannian Monthly,  
July, 1883.

Medical Tribune, June, 1883.

The American Observer, No.  
231.

Homœopathic Medical Department, State University of Iowa. Seventh Annual Announcement, 1883-4.

The American Homœopath,  
July and August, 1883.

Revista Homeopatica Catalana, No. 13.

Bulletin de la Société Médicale Homœopathique de France, Juillet, 1883.

The Medical Counselor, July 1 and 15, 1883.

Liverpool Daily Post, Aug. 1, 1883. [With thanks to sender.]

Monthly Homœopathic Review, August 1, 1883.

The Medical Advance, July, 1883.

Midland Medical Miscellany, No. 20.

Dublin Journal of Medical Science, July, 1883.

National Anti-Compulsory Vaccination Reporter, August 1, 1883.

New York Medical Times, August.

United States Medical Investigator, July, 1883.

The Medical Tribune, July, 1883.

Annaes de Medicina Homœopathica. Rio, 1883.

#### CORRESPONDENTS.

Communications received from Stafford C. Northcote, Esq., Balham; Dr. Pope, Tunbridge Wells; Dr. Ussher, Wandsworth; Dr. Moore, Liverpool; S. H. Blake, Esq., M.R.C.S.,

Liverpool; Dr. Foster, London; Dr. Maffey, Melbourne, Australia; Dr. R. Gregg, Buffalo, U.S.; Dr. Jno. W. Hayward, Liverpool; Dr. Skinner, London; Dr. H. Hastings, Ryde; Dr. Jackson, Boston, U.S.A.; Dr. Berridge, London; Dr. Lloyd Tuckey, London; Dr. Roche, Norwich; Dr. Edward Blake, London; Dr. Roth, London; Dr. Dunn, *en voyage*; Dr. Thomas, Llanudno; Dr. Neville Wood, London; Dr. Harmar Smith, Ramsgate; Dr. Proctor, Birkenhead; Rajendralal Sur, Esq., Calcutta; T. Thurlow, Esq., High Wycombe.

#### The Homœopathic World.

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Cremation.

A Case of Epilepsy Cured by *Arnica*.

Cases Cured by *Lac Vaccinum Deformans*.

Two Cases of Sciatica Cured by *Aconite*, illustrating the Value of a Key-note.

Report of an Epidemic of Diphtheria in Hastings, Michigan.

Clinical Cases.

Action of Quinine upon the Ear.

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Case of Caries of the Spine Cured with

*Syphilinum*.

Proving of *Lac Caninum*.

Wine Manufacture in France.

Duty on Books in America.

##### OBITUARY:—

John Rees Croker, Esq., M.R.C.S., Eng.

##### CORRESPONDENCE:—

Dr. Hastings on Faith-Healing.

An Open Letter to Dr. Ussher from Dr.

Skinner

Dr. Ussher's Soft Impeachment.

Mr. Heath and Dr. Ussher.

Modern Attenuations.

Purulent Inoculation in Pannus.

Dr. Dudgeon on the Inoculation Treatment of Pannus.

##### REPORTS OF INSTITUTIONS:—

Nottingham Homœopathic Dispensary.  
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##### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.



# THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1883.

## THE HOMŒOPATHIC CONGRESS.

WE must reserve our report of the Congress of Homœopathic practitioners, lately held at Matlock Bath, under the presidency of Dr. Moore, of Liverpool, until our next issue, on account of the absence of the Editor, who is in Paris as we go to press; and the Editor also craves the indulgence of the readers of the *Homœopathic World* for any omissions or imperfections that may be found in this number of the journal owing to this temporary holiday absence. Those of our contributors whose communications are not noticed in this issue will receive attention next month.

## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF RUTA GRAVEOLENS.

By ALFRED C. POPE, M.D., late Lecturer on Materia Medica at the London School of Homœopathy.

THE *Ruta Graveolens*, or common rue, is a hardy evergreen under-shrub, belonging to the natural order of the *Rutaceæ*, growing in the South of France, and naturalised in our own gardens.

A tincture made from the entire herb, gathered in June or July after flowering has commenced, is the preparation used in medicine. The *Rue* contains a volatile oil, the source of its medicinal properties and also of the disagreeable odour of its leaves, which is made especially apparent when they are rubbed or bruised. This oil can be obtained by distilla-

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tion of the plant with water, and would probably form a more reliable preparation than the tincture.

*Ruta* has been reckoned a medicinal agent from very ancient times. It is frequently mentioned by Hippocrates under the name *ῥαῦον*. Pythagoras, who is quoted by Pliny, imagined that it was injurious to the eyes, while the latter argued that it must be beneficial, as engravers and painters used it to improve their weakened eyes. Hahnemann quotes Rosenstein, Swedjaur, and Chomel as commending it in affections of the eye and dimness of vision from too much reading. In Hahnemann's time it was as a popular emmenagogue that it was mostly used. The results of Hahnemann's experiments, in which he was aided by eight pupils, were first published in 1818, in the fourth volume of the *Reine Arzneimittellehre*. These, together with the phenomena marking the cases of poisoning occurring in more recent times, you will find in Allen's *Encyclopædia of Pure Materia Medica*.

Chiefly known by its action on the muscular tissues of the uterus, *Rue* has been also found to influence muscular structure generally, as well as osseous tissue and the skin. Further experiments are required to explain with accuracy the kind of disturbance in the eyeball which causes the impaired vision to which it gives rise. From the general character of its action it seems probable that it is the muscles of the eyeball that are in fault. In addition, it excites a degree, and a considerable degree, of congestion in the stomach and in the large intestines. The bladder and rectum are also the seats of great irritability.

The sympathetic fever attending the general effects of *Ruta* does not call for any remark. It is characterised by some degree of acceleration of the pulse, with chilliness in the back and extremities, followed by an increased feeling of warmth, especially in the head and face, with trifling perspiration afterwards. The tongue becomes red and swollen, and salivation takes place. Any desire for food that there may be is soon suppressed by nausea, and some oppression at the epigastrium. Thirst is increased. The epigastrium is tender on pressure, with burning and gnawing pain, relieved by drinking milk. In severe cases of poisoning such pain is followed by vomiting, and in one hæmatemesis occurred. Flatulence and griping, to a slight extent, occupy the abdomen, and a good deal of pressive pain is felt in the lower abdomen. In the person of one of Hahnemann's

provers the following symptoms expressed the condition of the lower bowel:—

Tearing in the rectum and urethra when not urinating; tearing stitches in the rectum while sitting. Frequent pressure for stool, with prolapsus of the rectum, which then occurred frequently, with feeling of urging, during which much flatus is always discharged; the slightest stooping, and still more crouching together, brought down the rectum. The following days the rectum remained constantly prolapsed, and though it can easily be replaced without pain, it still always came out again immediately for several days.

After a sick feeling in the abdomen, two soft stools were evacuated with difficulty, on account of a kind of rigidity and inactivity of the rectum.

In the first place, these symptoms indicate a well-marked degree of congestion of the mucous membrane of the stomach, going so far as to cause hæmatemesis, showing that *Ruta* may be remedial in such a state. It has, however, been little, if at all, used in cases of this kind; nevertheless, that it is a medicine capable of doing good here, its proving shows, and hence it will be well for you to remember it when meeting with such an one.

In some cases of prolapsus ani, it is clearly indicated. Such a condition is in adults often complicated with hæmorrhoids, sometimes with a perineal hernia. In these I do not suppose that *Ruta* would be of any service. Where, however, the procidentia is dependent upon exhaustion of the muscular structure of the bowel, as it is often enough in children who are permitted to sit too long at stool, or to strain too much, as well as in adults after an attack of dysentery, then, I think, you would find this medicine of service.

Let me now direct your attention to the action of *Ruta* upon the eyeball. Its employment in disease of the eye dates, as I have told you, from very ancient times, and it is, you will remember, one of the two remedies—*Euphrasia* being the other—with which Milton makes Michael “purge” Adam’s “visual orb: for he had much to see.” *Rue* was doubtless a popular remedy in diseases of the eye in Milton’s time.

More recently, M. Elgáji, a Hungarian physician, has stated that excessive use of *Rue* produces dimness of vision, but that in dimness of vision, dependent apparently upon an amaurotic condition, its continued use in *minimum* doses, night and morning, has a good effect.

The provings of *Rue* record “a weak, pressive-like pain in the right eye, with dimness of surrounding objects, as if one had looked too long and too intently at an object which

fatigued the eye." "Pressure on the inner surface of the left eye, with profuse lachrymation in the open air." "The eye feels fatigued, as after reading too long; sensation of heat and fire in the eyes, and aching while reading." "Pressure on both eyeballs, associated with a spasm of the lower lid, which was drawn partly upward and still more toward the inner canthus." The pupils were noticed as contracted in two cases. Objects are described as appearing dim before the eyes, as if a shadow were floating before them.

When we consider these symptoms—especially the sense of straining of the eyeball after reading, and the weariness which is remarked in connection with others, which indicate a distinct power of modifying the health of muscular tissue, giving to muscle a feeling of being bruised, or of being tired, especially, as we shall presently see, in the back and extremities—it appears probable that it is on the muscles regulating the movements of the eyeball that *Ruta* exerts its power.

Dr. Norton, one of the surgeons of the New York Ophthalmic Hospital, states that *Ruta* is one of the most frequently indicated remedies in asthenopia. Asthenopia, however, is a vague term. It simply means weakness of the eyeball. The question whether *Ruta* is a remedy for this weakness will depend upon its cause. If this is to be found in muscular feebleness, as in hyperæsthesia of the retina, or in a deficiency of power in the ciliary muscle, or in weakness of the internal rectus, then *Ruta* will probably be indicated. Dr. Norton further adds that "Any of the asthenopic symptoms, as heat, or aching in and over the eyes, the feeling as if the eyes were like balls of fire at night, blurring of the vision, letters seem to run together, and lachrymation, which are caused or always made worse by straining the eyes at fine work or too much reading, are often relieved by a few doses of *Ruta*."<sup>1</sup> It is also stated that choroiditis in a myopic eye, caused by straining the eyes, has been cured by it. Here, also, we find muscular overwork as the cause of the disorder.

As we proceed, you will see that upon muscles generally, upon bone, especially the periosteum, and also upon the joints, the influence of *Ruta* is very decided, and the symptoms it

<sup>1</sup> "Ophthalmic Therapeutics," by G. S. Norton, M.D., second edition, p. 160.

excites are suggestive of the kind of ill health it will assist in improving.

I will now then briefly give you a *résumé* of the symptoms it has excited in healthy persons, which show it to have this influence.

A shooting, drawing pain from the frontal to the temporal bone. Tensive, drawing pain, externally on the lateral parts of the head, as after a blow or knock. Dull tearing in the temporal bones. From the temporal bones to the occiput, pain in the periosteum, as from a fall. Cramp-like, tearing pain in the zygomatic process, with aching, stupefying pain in both sides of the forehead. Pain in the cartilages of the ears, as after a contusion. Pain under the mastoid process, as from a blow or a fall. Numb pain in the bones of the face, as from a blow, which spreads down into the teeth and jaw.

Then, again, a pain has been noticed over the larynx as if from a blow or a contusion. A similar pain is recorded several times as occurring in the dorsal and lumbar vertebræ, and in the sacrum. The whole spine felt bruised.

The shoulder joints are the seat of pain, described as like that proceeding from a dislocation. In the left elbow joints there is pain like that from a blow; so also in the wrist joints and hands, when the bones of the joint and of the fingers are painful as if bruised.

In the bones about the hips, there is pain as from a blow or fall. He cannot bend his body, all the joints and the hip bones are painful as if bruised, especially when touched. The whole anterior surface of the thighs is as if bruised, and painful to the touch. If he stretches out the lower extremities, even a little, the thighs are painful, as if they were broken through the middle. This bruised pain lasted two days, and rendered walking very difficult. When walking he falls from one side to the other; his legs cannot support him; he had no power or stability in the thighs.

The bones of the feet are painful and hot. This burning pain in the bones of the toes is especially marked and frequent.

Further, all the parts of the body on which the person lies feel bruised and painful.

These symptoms show how generally the influence of *Ruta* is felt throughout the bones, muscles, and joints of the body, and that especially in the bones and joints. They further show that this influence resembles that of a bruise or a blow. Hence, they have led to the use of *Ruta* in injuries of the

joints. Dr. Franklin (*Science and Art of Surgery*, vol. ii., p. 32) writes: "In those cases of sprain involving periosteum, *Ruta* is the best remedy according to my experience, especially if the pains are aggravated during rest and relieved by motion."

Again, in wounds of the joints when inflammatory action has been subdued, *Ruta* is useful as a lotion; so, too, is it in synovitis, when the result of injury. Dr. Franklin (*op. cit.* p. 51), says that, in inflammation of the larger joints, especially those of the upper extremities, accompanied with all the usual symptoms of high vascularity of their articulations, he has frequently used *Ruta* with the greatest success when other remedies had failed to have a beneficial influence. In stiff joints, especially when the condition has arisen from injury, it is a valuable application; so, too, is it where tendons have been ruptured, or violently strained, and also in assisting in promoting the recovery of a dislocated joint.

Again, the general sense of tenderness induced by *Ruta* in the bones has led to its use in promoting union in ununited fractures. Of its power to aid in establishing a healthy callus the late Dr. Henriques gives a very striking instance in the *British Journal of Homœopathy*, vol. x. The patient was a man sixty-three years of age, who, forty years previously (this case occurred in 1852), had been severely salivated to cure a dysentery in India—and, be it remembered, the Indian surgeons of sixty or seventy years ago not only gave mercury but gave it with a vengeance, and salivated with a recklessness almost incredible now. During the forty years that had elapsed since the salivation, the patient had never been well, having always suffered more or less from bone pains. During the early part of the year in which the fracture occurred, he had been under Dr. Henriques' care for an exostosis of the left tibia. On the 17th October, 1852, while walking across the room, he felt one—the report does not say which—femur snap. He was at once conveyed to the then existing Hahnemann Hospital, where the fracture was reduced and placed between a long and a short splint. Fifteen days after the accident an examination of the leg showed that no attempt at the formation of callus had been made, and he had a great deal of pain in the exostosis. Dr. Henriques ordered him *Ruta*, which he continued taking for three weeks. In four weeks he was able to stand on the leg and to move about gently with the aid of a crutch, and in

another the callus is reported as being quite consolidated, and the patient well enough to be discharged.

Now, considering the extremely unpromising nature of this case—one, indeed, of *fragilitas ossium* in a mercurialised subject—the fact of any union having occurred is remarkable; and as no attempt at this process had begun until the *Ruta* was given, it is probable enough that it was to the action of this drug that its occurrence was due. It was certainly not owing to good feeding, for the man was on “quarter diet” for the first week, then, for a month, on “half diet,” and then “quarter diet” again for a week, and thereafter on “half diet.” Notions on diet were very different thirty years ago from those prevailing nowadays, and were more especially so in an institution where so thorough-going a Broussaisist as the late Dr. Curie had so powerful an influence.

Upon the uterus, *Ruta* has a well-marked influence. This, I take it, is but another illustration of its action upon muscular structure. Possibly, however, further experiments might show it to have a wider sphere of action here. It has long been known as an agent capable of producing uterine contractions which result in abortion. Dr. Allen cites three cases in the *Encyclopædia of Pure Materia Medica* of the kind recorded by Dr. Hëlie in the *Annales d'Hygiène* for 1841. In one the woman was seized with violent pains, gradually increasing, followed by a discharge of blood from the vagina, and in forty-eight hours by miscarriage. In another the same symptoms were attended with violent delirium, high fever, and vomiting, though the abdomen was soft and painless. In the third, miscarriage followed on the sixth day.

These symptoms indicate *Ruta* as a remedy in threatening miscarriage, occurring in cases where uterine pains come on suddenly and without any obvious cause, unless, perchance, a fall or an injury of some kind.

I have never used it in such cases, and can find no record of any one having done so; but, *à priori*, it is obviously truly homœopathic to one of the conditions inducing miscarriage, and hence in such may safely be relied upon as remedial.

Finally, on the skin *Ruta* produces an eruption very much resembling that excited by the *Rhus* plants. The full development of this eruption has only been observed after handling the herb, but when taken by the mouth it has been found to produce a good deal of itching all over the body. And

again, in one case recorded by Soubeiran, in the *Gazette Hebdomadaire*, 1861, where the eruption first appeared in the hands after contact with the leaves, very great itching developed in the toes, and a crop of vesicles identical with those between the fingers arose. There was, it is stated, no reason to suppose that this eruption was caused by any direct contact. It occurred several days after the original infection. Hence we may infer that it is not simply as a topical irritant that it affects the skin. The hands swell, become red, itch most acutely, and after some hours vesicles filled with transparent fluid appear, surrounded by a red areola. They are most numerous between the fingers, become confluent, and finally dry up and desquamate. The intensity of the itching is the chief characteristic of this eruption, which resembles very closely eczema palmaris, and to which it is therefore homœopathic. I am not aware of this feature of the drug's action having been clinically tested, but we are warranted in expecting good results from it in eczema affecting the hands and feet.

In the effects of injuries and in asthenopia, the first and second dilutions would be suitable preparations to use. In miscarriages the third, and in eczema the pure tincture. In the proportion of ʒj. to ʒj. of water it makes an efficient lotion.

Tunbridge Wells, August 10th, 1883.

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## SLEEP WITHOUT NARCOTICS.

By SHELDON H. TALCOTT, M.D.

In considering the causes which *prevent* sleep we may note, *firstly*, those pathological conditions of the brain which tend to disturb or derange its normal action. Chief among these are cerebral hyperæmia, and the opposite, namely, excessive anæmia. While healthful sleep is due, we believe, to a moderate anæmia of the brain, a persistent and severe anæmia of that organ is one of the most striking causes of sleeplessness. The "happy medium" is the only condition in which to obtain certain and satisfactory sleep.

*Secondly*, protracted over-use of the brain—that is, over-work of that organ until the brain produces, or tends to produce, vaso-motor paralysis—or destroys all natural tendencies to sleep.

*Thirdly*, over-anxiety of the mind—that is, unwise worrying



over the duties of the present ; unwise haste in the acquirement of wealth or knowledge, and trouble borrowed from the past or future—is another of the prominent causes of sleeplessness. Work may engross the attention and powers of the mind and body during the day, and no harm result ; but when worry tyrannises the will, overrides the judgment, and holds ruinous carnival in the citadel of the brain at night, then arise the most disastrous dangers. An eager desire to become rich impels us to unnatural toil while the day lasts, and drives us mad in the contemplation of the harassing theme during the still watches of the hours of darkness. But worst of all are the fearful apprehensions in which we sometimes indulge concerning the possibilities of the future. We are kept awake many times when we ought to be asleep, in our eager endeavours to make ready for the crossing of bridges which we may never reach.

*Fourthly*, the natural temperament of some people is a formidable obstacle to the securement of needed sleep. Those of a bilious temperament are inclined to melancholy, and the cheerless gloom which surrounds a person of such a temperament is a marked and chilling hindrance to repose. The nervous temperament impels its owner to rapid and continued action, until the exhaustion and anæmia are so great as to induce irritability and sleeplessness.

*Fifthly*, we may record the fact that localised disease in some portions of the body other than the brain, may, by reflex influences, tend to wakefulness. This is particularly true concerning diseases of the heart, which disturb the circulation ; also diseases of the lungs, which produce cough ; and diseases of the stomach, such as dyspepsia and gout. The former break repose by sudden demands upon the mind for attention ; the latter by producing pain after each inception of food. Again, diseases of the liver or bowels may so far impede or derange the circulation as to produce sleeplessness. The kidneys, the bladder, the genital organs (particularly those of the female), are likewise the seats of sleep-disturbing disease.

Should excessive anæmia exist, and a state of nerve irritability and trepidation be thus produced, we shall find that the best means with which to combat such sleep-endangering forces will be the administration of liquid food, such as hot milk, beef-tea, and broths, about an hour before sleep is intended. By doing this the impoverished blood is speedily

nourished, and increased not only in quantity, but in volume, to the required degree.

Another natural means for inducing sleep is *massage*, or muscular manipulation. This method is of peculiar value to all that class of persons who are addicted to sedentary habits; to those who take too little exercise, and to those who suffer from imperfect circulation, and digestion and assimilation of food.

Among the simple means for inducing sleep, to which all may aspire, are warm baths, fresh air, comfortable beds, sufficient and proper bed-clothing, and proper position in bed.

Health, comfort, and sleep, may be obtained, after a hard and irritating day's work, by a warm bath, a cold *douche* following the bath, a brisk rubbing following that just previous to retiring for the night.

Fresh air should be freely supplied in every sleeping room, yet the sleeper should be protected from even moderate draughts, for these, though apparently slight at first, will produce chilliness of one portion of the body, while another portion may be overheated, and thus a disturbing inequality of circulation ensues.

Beds should be firm in texture, level and well elevated from the floor, for thus complete circulation around the bed is secured, and the sleeper is above the influences of some of those dangerous gases which are likely to accumulate in sleeping rooms. The position of the head is of importance. In cases of hyperæmia the head should be well elevated; in the opposite condition the patient should sleep upon a very small pillow. Bed-clothing should be sufficient to insure comfort, yet care should be taken against using too much. Bed-clothing should be porous. Soft woollen blankets are the best. Tightly woven and stiffly starched counterpanes are objectionable, because they do not favour good ventilation.

For the mental excitements which accompany acute febrile diseases, with active cerebral congestions, intense anxiety and apprehensions of death or disaster, preventing sleep, *Aconite* leads the list. Disturbances of the mind after fright or anger, are relieved by this valuable drug. One of our patients, brought in while suffering with acute mania, after a week's sleeplessness in spite of heavy doses of chloral, and where fright, anger, and restlessness were intermingled, so to speak, was promptly relieved, and made to sleep suffi-

ciently, with a few doses of the third centesimal dilution of *Aconite*.

*Actæa Racemosa* works its effects directly upon the cerebro-spinal system as a "rheumatic irritant producing erethistic hyperæmia of the brain and spinal cord, and through these the whole muscular system" (*Hale*). Sleeplessness from such a condition as this is almost inevitable. Hence we find *Actæa* to be an invaluable remedy for the production of sleep in the case of drunkards who are suffering from the effects of stimulation, who are passing through the horrors of delirium tremens. Opium-eaters, or those who are trying to stop the use of opium, and those who are suffering from the effects of protracted muscular strain from toil, watching, or exposure, are strikingly benefited by the use of *Actæa*. Dr. Geo. B. Palmer prefers the use of *Macrotin*, the active principle of *Actæa*, for drunkards and opium-eaters. The symptoms upon which *Actæa* is prescribed are—intense prostration, pain in the base of the brain, extending to the nape of the neck, and sometimes spreading over the shoulder. Mentally there is a sense of crushing depression, a feeling as if the mind were wrapped in the blackness of eternal darkness. Throughout the body there is a condition of active and distressing tremulousness.

*Arsenicum* is pre-eminently a remedy for the sleeplessness of those who are suffering from blood degeneration and from mal-nutrition, accompanied by exhaustion of the nervous system. Not only is the brain anæmic, but the entire body likewise. To anticipate good results from drug action in such cases, the remedy must be applied with a view of affecting favourably the blood itself, and through it the nerve centres.

By the liberal use of milk and beef-tea, and by keeping the weak and exhausted patient in a prone position both day and night, the subtle and charming effects of *Arsenicum*, as a restorative medicine, are made manifest in pleasant and abundant sleep at night, and a rapid regaining of health and spirits throughout the coming day. *Arsenic* has a restlessness and anxiety which rivals that of *Aconite*; but the former is the restlessness of anæmic irritability, while the latter is the restlessness of erethistic hyperæmia.

A new remedy for the relief of sleeplessness following alcoholic or narcotic stimulation, and mental excitement due to any form of overtaxing the brain, has been put upon the stage of active usefulness. That remedy is *Arenæ Sativa*—

the common oat. Its action upon the nervous system is not yet fully understood, but the good results following its use by some very careful and observing physicians, entitle it to further proving and clinical experimentations.

Among the remedies which control the circulation, and thus affect the nervous system, we may name *Baptisia*, *Gelseminum*, and *Veratrum Viride*.

*Baptisia* overcomes the quiet but persistent wakefulness of those suffering with profound melancholia, accompanied by tendencies to the typhoid state.

*Gelseminum* has a somewhat similar form of sleeplessness; that is, the patients are quiet, dull, and stupid, yet they fail to sleep. The distinguishing difference which exists between the *Gelseminum* and the *Baptisia* patient is to be found in the general condition, and in the causes affecting the nervous system of the individual case. The nervous system of the *Gelseminum* patient is exhausted by overwork or debauch; that of the *Baptisia* case by imperfect nourishment of the nerve tissues with the pabulum of impure blood. *Gelseminum* patients seem ever on the verge of profound slumber, but are unable to pass the gulf that lies between them and needful rest. Such patients are the victims of an overtaxed and exhausted brain.

*Veratrum Viride*, unlike *Baptisia* and *Gelseminum*, has intense restlessness. In this respect it resembles *Aconite*, but the latter is full of fear and apprehension, while the former is quarrelsome and inclined to be cross, like *Belladonna*.

*Veratrum Viride* is useful in the sleeplessness of acute fevers, of puerperal mania, and the excitement preceding or following attacks of epilepsy. A tendency to spasmodic action of the muscles will perhaps serve to differentiate *Veratrum Viride* from *Aconite*; and from *Belladonna* by reason of the fact that the mental disturbances are somewhat milder in degree, while the fever is most severe.

Of all remedies in the *Materia Medica*, probably none acts so directly and so positively upon the brain as *Belladonna*; consequently we come to rely upon it as one of the chief remedies for the relief of those cerebral diseases of a congestive or inflammatory nature which tend to prevent sleep. From the insomnia of mania to the dazed sleeplessness of melancholia with stupor, this drug exerts its powerful influence, and its persuasive charms may be exercised upon every form of cerebral disorder and mental distress. Its symptoms are familiar to every practitioner. As a practical

hypnotic without narcotism, its success depends largely upon its mode of application. When the brain is over-supplied with blood, and the mind is lashed into a fury by the spurring action of the arterial torrents, then the mildest and almost imperceptible doses of *Belladonna* will manifest a control over the excited mental forces more marvellous than the strange juggleries of the lion-tamer. On the contrary, when the brain forces seem utterly befogged and overpowered by the intensity of blood-pressure, when the pupils are widely dilated, and when tetaniform convulsions seem impending, then material doses of the drug are required to dislodge and disperse the enemy.

*Cactus* and *Digitalis* are sometimes required in cases of sleeplessness; the former where the pain and constriction about the heart produce a silent sadness of mind, with a disposition to weep and mourn night and day; the latter where cardiac distress induces an anxiety similar to that of *Aconite*.

*Coca* is useful as a sleep-producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and well, and ready and eager for any work. *Coca* is also beneficial where the patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of anæmia spasmodica. Weak and nervous women, and worn-out brain-workers, are peculiarly liable to such conditions.

*Allium Cepa*, the common onion, has a popular reputation as a remedy for sleeplessness. In mild cases of brain fag, accompanied by catarrhal disturbances of the nasal passages and throat, with tendencies to neuralgic pains, and where these external irritations excite the mind, it is an effective remedy. The raw onion may be eaten just before retiring, or the mother tincture, or lower potencies may be used.

*Chamomilla* is useful as a hypnotic if the patient suffers from dull, unrelenting, and distracting pain, such as nightly toothache. This remedy is particularly serviceable if the patient is cross and irritable, and feels inclined to get out of bed and walk the floor. If, instead of being cross and obstinate when suffering severe pain, the patient is anxious, fearful, and makes a great fuss, then *Aconite* will relieve.

*Coffea* is indicated when the nervous erethism is still more acute and sensitive than it is in either *Chamomilla* or *Aconite*. The absolute and unutterable æstheticism of sensi-

tiveness is reached when *Coffea* is indicated. The bad effects of quite too good news are likewise successfully combated with *Coffea*.

*Hyoscyamus* has the sleeplessness of *Belladonna*, but not the intense congestions and inflammations of the latter drug. It has a high degree of mental excitement; but not the maniacal fury of *Stramonium*. Standing, as it does, between these two extremes, it is, perhaps, more frequently required in practice than either *Belladonna* or *Stramonium*. *Hyoscyamine*, the active principle of *Hyoscyamus*, is said to produce anæmia of the brain; hence its homœopathicity to anæmia when it exists in nervous and overworked persons. For sleeplessness in such cases, particularly where the patient is easily perturbed in mind, it is an effective remedy.

*Hypericum*, "the arnica of the nerves," may be used after all nerve injuries, and where sleeplessness follows these, and where, likewise, the brain has been strained by intense and continued exertions.

For the sleeplessness of grief, no remedy compares with *Ignatia*. The *Ignatia* patient broods quietly over the sorrowful experiences of the past, and rises but slowly from the "slough of despond" into which the loss of health, friends, or property has plunged him.

*Aconite* and *Opium* may be called for in cases of sudden shock from bad news, the accompanying symptoms determining the demand for either one or the other. In one case agonising restlessness will exist; in the other, dulness and dazed depression.

*Pulsatilla* may be serviceable in the sleeplessness of mild and tearful young women, while *Natrum Muriatricum* is required by those who are full of boisterous grief, and who, though young, have the appearance of being prematurely aged.

*Kali Bromidum* is a drug which produces true anæmia of the brain. Its use in massive and overpowering doses has caused many disastrous results, yet the same may be said of *Mercury*, *Opium*, and *Antimony*.

Where insomnia from anæmia exists with no other marked indications, we have found grain doses of the first decimal trituration remarkably efficacious. This is particularly true when the remedy is used upon patients suffering from acute and painful disease.

*Nux Vomica* is a drug whose value as a hypnotic is well known to the profession. It is specially applicable in cases

of recent debauchery or gluttony. Those who are sleepless from a recent "drunk," or of a surfeit of a late and rich supper, will find *Nux* a panacea for their pains, and a happy antidote for the disgust which such practices excite in the breast of Morpheus.

*Nux* likewise overcomes the ill-effects of hard study and sexual excess, and enables the victim to secure, with comfort and safety, a not otherwise easily-obtained morning nap.

Another valuable remedy for sleeplessness following intense mental overwork and anxiety, and coupled with a distressing confusion, pain and vertigo in the head, is *Phosphorus*. Five drops of the tincture in half a glass of rain-water, a teaspoonful every half-hour during the evening, followed by a bowl of hot soup or a cup of beef-tea at bedtime, will generally relieve the pain and restlessness of brain-fag, and secure to the patient a sound and refreshing sleep during the night. Dr. Conant tells me that he has found *Phosphorus* useful when the patient falls asleep easily and is just as easily awakened. The *Phosphorus* case sleeps and awakens many times in a single night.

*Opium* is *par excellence* the world-famous narcotising agent by which the brain is stupefied and unnatural and unhealthy sleep produced. It may be applied to mitigate the stupor of severe cerebral congestions, particularly where there is a tendency to apoplexy or paralysis. We remember a case where *Opium* thus applied caused the patient to sleep lightly and naturally, who, previous to its use, was accustomed nightly to sink into a stupor from which he could not be aroused until eight or nine o'clock in the morning. Under *Opium* he awoke naturally, according to previous habit, at 6 a.m., without external assistance.

*Secale Cornutum* produces at first marked congestions, followed by anæmia and sleeplessness. There is a tendency to paralysis, and particularly formication. These sensations in cutaneous nerves, as if ants were crawling over the skin, tend to excite and worry the patient, and stimulate a feeling of anxiety and apprehension, which prevents sleep. As a "regulator" of the circulation in anæmic cases, and as a promoter of sleep, *Secale* occupies a prominent position in the *Materia Medica*.

For the sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope, we

find that *Silicea* will often work a wondrous and magical *presto* in the condition of affairs.

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Each case must be individualised, and both the conditions and symptoms noted with scrupulous care. When practicable, the conditions must be changed from abnormal to normal, as far as possible, by hygienic and dietetic means.—*N. Y. Med. Times.*

## CASE OF ASTHMA WITH CHRONIC BRONCHITIS.

By THOMAS SKINNER, M.D., London.

THE following case, although incomplete, is so very interesting, peculiar, and instructive, what there is of it, that I think it well worth recording.

Miss —, age 40, arrived in the Mersey from New York about midnight, in a "bucketing" shower of rain. She got very wet when landing from the steamer in the wretched tugs employed for disembarking. She was conveyed to an American boarding-house in the city as much dead as alive, as the landing in the wet precipitated one of the worst attacks of asthma she ever remembered to have had, barring the bronchitis, which never turned up, to her great astonishment, but not to mine, as the treatment which I adopted most likely cut it short. I was sent for about 4 a.m., and I was to lose no time, as "the lady was seriously ill, and not likely to live."

The interesting feature in the case is the remarkable, and, although I say it, Providential way in which the lady became, *pro tempore*, my patient, and the scene at my introduction was likewise interesting. The lady, although "aged and upwards," was a very elegant and good-looking American, and highly cultivated. She is the sister of an allopathic physician of high repute, who had attended her for years, at times in consultation with a most distinguished physician of the old school in the United States, since dead. Although my notes of the case do not possess a date, I believe that "the event" came off in the fall of 1875, so soon after I had declared myself a homœopathician that the landlady of the boarding-house had not heard of the change in my principles and practice of medicine, consequently she sent for me as the likeliest and best-known old-school physician. Arrived, and in the



presence of my utterly prostrate and all but breathless patient, I found her lying perfectly flat on her back, and surrounded by three fellow-travellers, a matronly and a younger lady, in conjunction with an experienced Transatlantic nurse. On a table placed in a most conspicuous part of a large roomy bedchamber, and in front of the patient, was no end of paraphernalia, a perfect armamentarium of steam inhalers, spray producers, and a subcutaneous injection syringe, with phials containing solutions of morphia, atropine, and drugs and chemicals for inhaling purposes. The apparatus was of the very best and newest designs, and exquisitely made—quite enough to tempt any materialist to break the fifth and tenth commandments, and to inspire the most sceptical patient with undying confidence and hope.

I saw plainly that I was in a false position, and that the landlady had sent them "to the wrong shop." I told the friends that "there must be some mistake, as I am a homœopathic physician now, and I decline to make use of any such means as you offer me." I saw how the landlady had misled them, and, having explained matters on all sides, I left the room to allow of the travellers "holding a family council." The result of the consultation was that, although more than one homœopath had already been consulted in the States, "and unsuccessfully, because a case of *mixed goods*;" and because of the distance I had come at so early an hour of the morning and so promptly, and because I assured the patient that if I could only obtain a faithful picture of her case, past as well as present, I could relieve her present suffering without injecting morphia subcutaneously, I was requested by the patient, with the consent of her friends, to do my best for her.

The following is "the photo" which I took down in writing at the bedside of my patient. The italics denote the symptoms and conditions corresponding to or serving as the keynote to the remedy:—*Every night throughout the winter in America for many years she has suffered from spasmodic rough breathing, worse after eating. The breathing is tight, and accompanied by a sharp twisting pain from the heart in front, right through between the shoulders, generally terminating in a free expectoration of frothy phlegm, with attacks of bronchitis or bronchial catarrh. She has a constant thirst, but her appetite and digestion are all right. Her bowels are regular, but the stools are difficult of passage,*

though soft. Three years ago she suffered much from bleeding piles. She is subject to sore throats. The urine is all right, except that after an attack of her asthma she passes much colourless water. She perspires freely on exertion—hot; and during an attack she invariably experiences a sensation of coldness in the trachea on taking an inspiration.

**PRESENT STATE.**—*Utterly prostrate, lying on her back in bed, with her head on a level with the rest of her body; that is, without a pillow. Scarcely able to speak except in a whisper, and that was an effort, a great effort.* In cross-examining the patient a nod was taken to express the affirmative, and no movement was a negative. The friends gave most of the information. The breathing was short and difficult—tight, without cough. With the prostration or general debility there was an absence of restlessness.

General conditions of AGGRAVATION of her breathing past and present.—(1) *An ice cream will induce an attack at any time, and almost instantly; also cold food, but less so than ice or iced water.* (2) Clear frosty weather. In winter she was generally worse after midnight, at 3 a.m. (3) Sitting erect would not induce an attack, but it invariable made it worse. (4) Fatigue made it worse. (5) *Exposure to cold and wet; getting wet.* The conditions of AMELIORATION were:—(1) *Warm food and drink, warm and moist air, warm clothing, warmth generally.* (2) At sea on board ship in ordinary yachting weather. (3) Lying perfectly flat on her back without a pillow.

With the exception of the aggravation to her respiration when sitting up, the amelioration from lying on her back, and the absolute necessity for assuming the recumbent posture in bed, without restlessness—the “photo,” the totality of the symptoms, pointed unmistakably to *Arsenicum* and to no other medicine.

I took my case, containing sixty different medicines (all thirties) out of my pocket. Out of it I took a small tube labelled *Arsenicum*. I uncorked it, and poured about a quarter of a grain of the fine sand into a claret glass, filled it half full of cold water, and directed one teaspoonful of it to be given every hour or two until I returned. I ordered the inhaler, etc., to be replaced in the travelling trunks, as they were not likely ever to be required, at least by me. I told them to darken the room by pulling down the blinds or closing the shutters, to kindle a fire, and on no account to

trouble the patient with food or drink unless she asked for it.

The patient seemed to me the only one in the room to appreciate the trouble I was taking, and on leaving she bestowed on me a gracious and most grateful smile of thanks. The others seemed to look upon me as an arrant humbug; at least I thought so. As for the nurse, she was simply disgusted to be told to put the elaborate and ingenious apparatus back into their respective trunks. "What would Dr. So-and-So and the other Dr. So-and-So say if they witnessed this?" I felt certain, in spite of their looks, that the tables were soon likely to be turned, and it might then be my turn to crow.

I walked away, but soon began to feel uncommonly small, and I experienced faint consolation from being haunted with the facts which militated against the remedy being the *simillimum*. *Arsenicum* has no amelioration of obstructed respiration, lying flat on the back, said I to myself; it has aggravation lying down. The asthmatic must spring out of bed, he cannot lie down. *Arsenicum* has great restlessness, which is rarely absent in acute attacks or in acute catarrhal conditions. The lady might be inwardly restless, but she had a marvellous way of not showing it. I began to think what a fool I had been to speak so confidently of what I could do, or of what they might expect. I became thoroughly wretched, and when breakfast time came my appetite was nowhere. This, I said, comes of serving an apprenticeship to a new system of medicine, after twenty-seven years' experience of another, which pays better, which is more popular, and which is believed in *blindly* by a very large majority.

Four hours after I left my patient I called and found that after each dose her breathing improved, and after the third she fell asleep, and was now asleep. I did not disturb her, but I walked away intoxicated with delight, and in love with myself and everybody. My appetite returned, and I went home and made up for lost time. I felt as light as a feather, and very much inclined to retire upon my laurels.

I called again in the afternoon, and found my patient sitting up in bed, a new woman. She received me, as did all the others, nurse and all, most cordially, and she begged of me to supply her with a bottle of that miracle-working remedy. Messrs. Symes and Co. supplied my patient with a phial of *Arsenicum* 30 (Heath).

While in Liverpool Miss ——— required no more than the three doses. She left full of gratitude, saying, "Whatever others might say or think, she had at last seen the right physician and received the right remedy."

I have not seen or heard of the lady since, and it is this fact which makes the case in my opinion "incomplete, yet well worth recording." At Liverpool she was *en route* to the Riviera, as her brother and Dr. ——— were of opinion that "she could not survive another winter in the United States."

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### CHLORAL POISONING.

In a clinical lecture delivered by Professor Da Costa at the Pennsylvania Hospital (*Phil. Med. Times*, March 24th), after describing the case of a man who had taken seven drachms of *Chloral*, he proceeds:—

"What are the remedies to be applied in acute chloral poisoning? They are principally designed—(1) to sustain the action of the heart, such as ammonia and brandy; (2) to keep up the breathing by artificial respiration; (3) to keep the patient warm; and (4) to use electricity as a cutaneous stimulant. Thus far you would treat a case as an ordinary one of narcotic poisoning. But is there no remedy that will counteract the depressing effect of the chloral upon the nervous centres, and particularly the respiratory centre? Yes; the remedy for this purpose is *Strychnia*, which antagonises the chloral. It may be used hypodermically: one-sixtieth of a grain every three hours at first (and it would have been given oftener in this case, but it was not needed). *Strychnia* is the physiological antidote; it stimulates the centres which have been depressed. When recovery takes place it is usually rapid.

"A few words on the subject of chronic chloral poisoning may be of interest. Since the introduction of this valuable but seductive remedy, people have gradually learned that chloral produces sleep, and relieves the condition of 'nervousness' or restlessness, that is so common a cause of insomnia; and they now resort to it just as they do to opium, to get relief from any inconvenience. In this way they form a chloral habit that may be as injurious as the opium habit. Chloral, when it is thus taken for a length of time in ordinary or small doses, will give rise to peculiar symptoms, which you

should be able to recognise. These symptoms are principally indicative of disorder of the nervous system and the circulatory apparatus. As these features are peculiar, and of general interest, I will discuss a few of them with you. First let us consider this question: Can a man become habituated to the use of chloral as he may to the use of morphia? There is a good deal of difference of opinion among observers, and, I think, a great difference, in this regard, in individuals. It has been my experience to find in some people great susceptibility to chloral, which does not pass away. Some persons are always affected by small doses, while others require the amount to be increased in order to keep up the effects, until enormous doses are used. [A case was referred to in which the prolonged and increased use of chloral gave rise to all the symptoms of delirium tremens, showing that in some persons the system becomes habituated to larger and larger doses of chloral, the smaller doses failing to produce the desired effect.]

"Among the more striking features of chronic chloralism is muscular weakness, which is particularly manifested in the legs. There is such marked debility, that in attempting to walk the patient appears to be paralysed. There is no special group of muscles that is affected, but there is a general loss of power in the limbs. This paresis may also manifest itself in the upper extremities. As regards other symptoms, there are some in connection with the circulation and nervous system that deserve discussion. There is feeble action of the heart, with cold extremities, and a tendency to profuse sweating. The pulse is accelerated, but weak; arterial tension is reduced. The nervous phenomena are very remarkable. Active delirium, like that from alcohol, has already been mentioned, but there is also a less marked condition of the mind which is even more significant. The patient becomes constantly dull and dreamy; the will-power seems completely wanting; the judgment and intellectual faculties are impaired. The vaso-motor centres lose, to a certain extent, their functional powers. This is partly shown by the condition of the cutaneous circulation; the extremities become cold and blue, and there is also a strange tendency to cutaneous eruptions. I have noticed erythematous blushes come and go with great rapidity, and I have seen papular eruptions more or less red and itching—not always the same. Therefore, in addition to the alteration in secretions (the perspirations already referred to) we may have various in-

inflammations of the skin as a result of chronic chloral poisoning. Sugar may appear in the urine, although it is not constant—at least, I cannot say that I have found it so. In some cases the bodily nutrition is well maintained, and the appetite remains good; but the contrary is the case of others. Digestion is not materially influenced, except that there may be relaxation of the bowels in place of the constipation accompanying opium.

“What should be the treatment of chronic chloral cases? Suppose that a patient like this says that the habit is growing upon him, and comes to you for advice, what course should you pursue? I would answer that you must reduce the dose gradually. As large doses are only given exceptionally, there will be less difficulty on this score than that of opium; but as you reduce it, I would strongly advise you to give *Strychnia* or *Nux Vomica*, for its effects on the nervous system. It antagonises the effects of the chloral, and acts at the same time as a tonic.”

## HÆMOPHILIA.

By THOMAS SIMPSON, M.D.

SOME time ago I sent you particulars concerning a case of copious hæmorrhage from the gums, which had resisted the ordinary treatment of a regular practitioner by gallic acid applied with pressure on absorbent cotton wool, and lunar caustic inserted into the bleeding cavities. The patient was *in extremis* when I was called in to her aid. Pulse almost imperceptible. Ecchymoses around mouth and eyes, and petechial spots on chest and legs. A thick coagulum was deposited from the urine, and there was also hæmorrhage from the bowels. A few doses of *Phosphorus*, 12th dilution, given every half-hour, entirely arrested the flow, and in three or four days the patient was equal to walking about her room, and she quite recovered in a week, having taken 22-drop doses of *Phosphorus*, 12th dilution.

Having quite recently been called upon to relieve a patient from whom five teeth had been removed, the gums being much lacerated, and upon whom three orthodox practitioners had been in attendance all night, without succeeding in arresting the flow of blood, which was rapidly exhausting her; remembering my former experience of the value of *Phosphorus*, which according to Hahnemann's indications,

"slight wounds bleed much," and "profuse hæmorrhage pouring out freely," I promptly administered doses similar to those given in the former case, with the same gratifying results. My allopathic *confrères* left the case (as I afterwards learned) in the belief that it would prove fatal under homœopathic treatment, and great surprise was expressed at the speedy subsidence of threatening symptoms.

Still more recently I was summoned at midnight to the bedside of a lady (habitually anæmic), who had lost so much blood after a dental operation as to alarm her friends by appearing as if dying. *Phosphorus* proved equally successful in this case, and I have felt it incumbent upon me to record these notes, as confirming the value of the specific remedy even in desperate cases, unfettered by any auxiliaries, as in each case all plugs were immediately removed, and the external appliances carefully washed away.

In this place it may be appropriate to describe the action of a somewhat unusual method of treating profuse epistaxis, which may still be safely adopted in the most intractable forms of that disorder. I refer to the plan suggested in that most valuable list grouped in the Cypher Repertory, chapter on "Hæmorrhage from Nostrils," and the part of the chapter which led me to the remedy so promptly, points out symptoms which precede, attend, and follow the main symptom. Thus, "Epistaxis preceded by pale face." *Carbo animalis* arrested the flow of blood very quickly, and the remedy was selected in as many minutes as it would have taken me hours to decide upon by any other process, and I cannot but regret that this easy and rapid way of selecting the simillimum is not generally adopted.

Glasgow, Sept. 6, 1883.

## A MODERN MIRACLE.

THE *New Orleans Picayune* says that a medical man of New Orleans, who is fond of his little joke, began to catechise a coloured minister, "Why is it that you are not able to do the miracles that the apostles did? They were protected against all poisons and all kinds of perils. How is it that you are not protected in the same way?" The coloured preacher promptly replied, "Don't know 'bout that, doctor; I 'spect I is; I've taken a mighty sight of strong medicine from you, and I's alive yet!"—*New York Med. Record*.

## A CASE OF TUMOUR OF THE SPLEEN.

By J. FOSTER, M.D.

H. K., aged seventy-nine, of middle height, had suffered for nine or ten years from paroxysms of pain, which were referred to the lower part of an enlargement occupying the greater portion of the abdomen. On examination I found a tumour occupying the lower two-thirds of the abdominal cavity, and extending almost as far as the pubes, but it could also be traced somewhat indistinctly to the left hypochondrium. It was firm on pressure, and rather tender to touch. He had a succession of paroxysms, coming on twice daily, one in the morning waking him between four and five o'clock, with violent pain in the part, of a throbbing, aching, and screwing character, and occasionally a burning chilliness then set in, accompanied with retching and vomiting, which lasted from an hour to an hour and a half, when a cold, clammy sweat appeared. The attack was renewed in the evening at six o'clock precisely, and in a similar manner. As the complaint increased, the paroxysms became longer in duration, and the weakness and emaciation so extreme that he was at last confined to his bed. Thirst was but very slightly marked at any time, and the urine and stools healthy. To attempt to reduce the tumour, he had had under the old system a variety of medicines, as *Quinine*, *Iodide of Potassium*, etc., and for local applications *Iodine* and *Mercury*; and one surgeon had passed an exploring needle, without, however, arriving at more than a probability of its being a fibrous tumour of unknown attachment, but the pain had been described as much increased since then. With all, however, the attacks became so prolonged as to leave only about a couple of hours of comparative freedom between them, and with the increasing pain the groans and lamentations were so great that he could be heard outside the house, and when I saw him he was praying for death. Deprived so far of rest, he was, in the intervals of the pain, in a state resembling that of a person under the narcotic effect of opium, so that it was some time before I could be convinced that he was not habituated to its use. As he was deaf, I also had some difficulty in getting the history from him, but on following it up through an otherwise healthy life I was able to trace a dyspeptic habit as far back as his youth, and to elicit from him that when in his teens he had been subject to malarial fever. He was a native of



Somerset, and had spent his early years in the neighbourhood of Sedgemoor, where the country is under water almost every winter, and the people consequently suffer largely from malaria. The immediate effects of this had long passed from his memory, and he had had no positive attack of fever since. I prescribed on March 12th *Ars. 6*, 4 *tis horis*.

In the course of a week, March 19th, the violence of the pain had abated, together with the vomiting, but there was still retching with each attack. Medicine repeated.

March 26th.—Cessation of retching and pains much less severe. Medicine repeated.

April 5th.—Only one attack in the twenty-four hours, the evening being quite free, and he now left his bed. Rep. *t. d.*

A fortnight later the perspirations had ceased, and the pains continued steadily to abate, and in four months from first seeing him he was free from both the attacks and from all pain or disturbed function.

During the progress of the case he remained under the *Ars. 6*, except that he occasionally had attacks of coryza, which that potency failed to touch, and they were only met by lowering the attenuation to the 2nd, which I found was uniformly successful in arresting it, but immediately after the coryza ceased an increasing thirst necessitated the return to 6, when he again continued to make satisfactory progress.

The tumour itself became softer, and flattened down to scarcely more than the ordinary level of the abdomen, but the diameter remained little changed, and thus he continued otherwise well, till, in the course of two years, he died of old age and free from pain.

15, Eccleston Street, Eaton Square,  
August, 1883.

## SULPHUROUS ACID IN CONSUMPTION.

It has been observed by a pupil of Liebig's, the director of a German ultramarine manufactory, that for forty years none of his workmen have ever suffered from consumption. This immunity, it appears, is owing to the fact that the process of manufacture involves the constant production of sulphurous acid by the burning of sulphur. This suggests a new method of treatment of patients suffering from this disease, by bringing them into an atmosphere moderately charged with the fumes of sulphurous acid.

## PICOLINE.

By CLIFFORD MITCHELL, M.D., Professor of Chemistry, Chicago  
Homœopathic College.

THE attention of the profession has of late been directed toward *Picoline* (a substance found in coal tar), whose physiological action has been investigated by O. de Coninck and Pinet.

It is a well-known fact that the *tar* which condenses in the hydraulic mains during the manufacture of coal-gas is a very complex mixture, composed chiefly of certain *acids*, *alkalies*, and *neutral* substances, the latter being hydrocarbons, both solid and liquid. Among the *alkalies* we find ammonia, aniline, and picoline, as well as several others. The different substances contained in coal-tar have different boiling points, advantage of which is taken in their separation by the process known as *fractional distillation*. Picoline boils at about 270° Fahr., and has a specific gravity of 0.96. It has precisely the same formula as aniline, which is also found in coal-tar—namely,  $C_6H_7N$ —but differs from aniline in that its salts are by no means easily crystallisable, and it furnishes no violet colour with oxidising agents, such as the chloride of lime.

The magnificent colours furnished by aniline are seen in the stockings of nations, but picoline is, in comparison with its noted isomer,<sup>1</sup> as the peahen to the peacock. Picoline occurs, moreover, as a product in the distillation of bones.

As has been mentioned before, picoline is an alkaline substance, and, like ammonia and aniline, is often called a *base*. It is well in studying a substance comparatively unfamiliar to keep it constantly associated in the mind with its nearest “relatives”—chemically speaking. Thus, if the name *picoline* is brought to our notice, the first thing to think of is *ammonia*, as a type of the alkalies and so-called *bases*; secondly, *aniline*, an alkaline liquid, which bears considerable resemblance to ammonia, differing from it by its characteristic production of a violet colour with chloride of lime. Then we are prepared for *picoline*, which, as has been stated, has the same formula as aniline, but does not yield the gorgeous colours with the various oxidising agents, and is, moreover, a product in the distillation of bones.

O. de Coninck and Pinet have experimented with this sub-

<sup>1</sup> Substances having the same formula are called *isomeric*.

stance, injecting under the skin of a frog weighing thirty grammes, 0 gr. .04 of picoline.

It produces first local irritation; next, after an interval varying from ten to fifteen minutes, the animal grows stupid, and in from fifteen to twenty minutes lies motionless flat on its back. Take now the sciatic nerve on the opposite side of the body to where the injection was made, excite electrically the central end of the cut nerve, and nothing is perceived. Excite now the peripheral end, and very slight movements are noticed in the corresponding member. On the side where the femoral artery has been tied excitation gives rise to energetic movements in the member; respiration is slow and modified in rhythm; the heart beats eleven to thirteen times to the quarter. The animal comes to in about twenty-four hours thereafter. A dose of 0 gr. 15 of picoline causes death in a frog weighing thirty grammes.

Picoline then *abolishes* the excito-motor power of the nervous centres, and *diminishes* that of the peripheral nervous system. It resembles, then, *cicutine*. Submit a frog to the vapours of picoline, and in ten minutes it becomes entirely sluggish. The central and peripheral nervous systems no longer react under the influence of electricity. The action in this case, however, is greatly due to cutaneous absorption.

A dog of a mean weight of eleven kilogrammes was also experimented upon.

Intravenous injection of ten grammes of a solution of picoline (4 in 100) produced rapidly salivation, which became very abundant if the injection was continued. Fifty grammes of the solution produced transitory stupor, but 100 brought about marked torpor, and the animal died the following night. Autopsy revealed great congestion of the nervous centres. Picoline, however, is not a sialagogue; the salivation brought about is due to an action upon the central nervous system, and not to a special action on the salivary glands.

*Summary.*—Picoline is an alkaline liquid obtained from coal-tar, and also as a product in the distillation of bones. Its boiling point is 271° Fahr., its specific gravity 0.96, its formula  $C_6H_7N$ . Physiologically it abolishes the excito-motor power of the nervous centres, diminishing also that of the peripheral nervous system. Chemically it may be likened to *aniline*, physiologically to *cicutine*. — *American Observer*.

JUMPING SEEDS AND GALLS—"DEVIL'S BEANS."<sup>1</sup>

PROF. C. V. RILEY furnishes to the *Scientific American* an interesting account of these seeds, which have been well known for many years to scientists and others on the Pacific Coast. They are somewhat larger than grains of coffee, triangular in form, and nearly black. When laid on a table or any smooth surface, at the proper season, they roll from side to side and sometimes actually jump up entirely clear of the table. The movements are not constant, a number of seconds intervening. No one can see the phenomenon for the first time without extreme wonder, especially if he had no previous idea of the cause of the motion. It is produced by a whitish lepidopterous larva, which is described by Prof. Riley as occupying about one-fifth of the interior of the seed, its chamber being lined with silk spun by the insect. "It looks very much like the common apple-worm, and in fact belongs to the same genus. It resembles that species further in remaining a long time in the full-grown larva state before transforming, so that the seeds will keep up their motions through most of the winter months." When about to transform, usually in January or February, it cuts a neat hole in the convex side of its house, plugs it up with silk, and in due time throws off its old garments and steps forth in the form of a butterfly. Its generic name is *carpocapsa*, and it has two specific names, *saltitans* and *depausiana*, the former taking precedence.

The plant which produces the seed is a shrub of the *Euphorbia* family. G. W. Barnes, President of the San Diego Natural History Society, gave this description of it: "Arrow-weed (*Yerba de flecha*)—This is the name the shrub bears that produces the triangular seeds that during six or eight months have a continual jumping movement. The shrub is small, from four to six feet in height, branchy, and in the months of June and July yield the seeds, a pod containing three to five seeds. These seeds have each a little worm inside. The leaf is half an inch in length and a quarter of an inch in width, a little more or less. The bark of the shrub is ash-coloured, and the leaf is perfectly green during all the seasons. By merely stirring coffee or any drink with a branch of it, it acts as an active cathartic. Taken in large doses it is an active poison, speedily causing death unless counteracted by an antidote." It is found in Sonora, Mexico,

<sup>1</sup> Pacific Medical and Surgical Journal.

in the region of Mamos. The seeds are said to be most lively on the approach of a storm. There can be but little doubt of the cathartic property of the tree in small quantities, nor of its poisonous character. Possibly useful medicinal properties might be developed on trial.

Prof. Riley's article concludes with the following paragraph. The members of the California Academy will recall with affectionate regard the memory of Henry Edwards, the accomplished entomologist and the industrious contributor to the interest of the meetings :

"The jumping power exhibited in this seed is, however, trifling compared with that possessed in a little gall, and also caused by an insect. This gall, about the size of a mustard seed, and looking very much like a miniature acorn, is found in large numbers on the under side of leaves of various oaks of the white-oak group, and has been reported from Ohio, Indiana, Missouri, and California. It falls from a cavity in the leaves, very much as an acorn falls from its cup, and is sometimes so abundant that the ground beneath an infested tree is literally covered. It is produced by a little black cynips, which is described as *Cynips saltatorius* by Mr. Henry Edwards. The bounding motion is doubtless caused by the larva which lies curved within the gall, and very much on the same principle that the common cheese-skipper (*Piophilus casei*) is known to spring or skip. Dr. W. H. Mussey, of Cincinnati, in a communication to the Natural History Society of that city, December, 1875, states the fact that such is the case, though members of the California Academy who have written on the subject assert that the motion is made by the pupa, which I think very improbable. At all events, the bounding motion is great, as the little gall may be thrown two or three inches from the earth; and there are few things more curious to witness, as I have done, than a large number of these tiny galls in constant motion under a tree. They cause a noise upon the fallen leaves that may be likened to the pattering of rain."—*American Observer*.

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**PRESERVING FLUID.**—According to Mr. Alcock, a solution of one part of glycerine with ten of water, is as good as spirit for preserving animal substances, the mixture being less volatile, less inflammable, and less expensive than alcohol.

## PANACEÆ.

THERE is irony in the discovery just now of a herb to be found in Tonquin which is good to cure all the most deadly and most obstinate of human ailments. According to recent accounts, the *Hoang-nan* of that country is a miraculous plant which, since tar-water fell into disrepute, is the nearest approach to the universal cure. The bark of this wondrous herb is, if we are to believe the tales in circulation, even more medicinal than the *molu* that Hermes gave to Ulysses, for it is a sovereign remedy, not only against hydrophobia, which has hitherto defied the Faculty, but against leprosy and the bite of venomous reptiles. It instantly cures the maladies mentioned, but at the same time it admits of no trifling, for it proves "a violent poison in cases where it is not applicable." The healing virtues of this new blessing to mankind were, until a short time ago, only known to a single Anamite family, but on their conversion to Christianity the secret was communicated to M. Lesserteur, formerly a missionary in Tonquin, and the author of a work which bears most cogent testimony to his simple-minded credulity. But we have still to learn that specimens have arrived in Europe, and that through its powerful aid the leper has been made whole, or the bitten man purged of the mad dog's venom. In fact, the entire story is a familiar one, for ever since the invention of medicine a panacea was being discovered which was to render the Pharmacopœia of no avail. Usually, of late, the secret has been an heirloom in some savage family, only to be revealed at a cost in blankets or beads, or new rum, ruinous to the philanthropist, and invariably when obtained as absolutely worthless as any charm to be found within the boundaries of that prolific folk-medicine on which Mr. Black has penned so voluminous a treatise. There is no disease to which flesh is heir but has been the object of these wonder-working remedies. Now it is leprosy, anon hydrophobia, and again and again, until no one cares to keep the tale of their number, there have been announced "perfect cures" for the bite of the most venomous snake known to the ophiologist. But the cobra still destroys its thousands every year in India; hydrophobia, at the very existence of which it was at one time the fashion to sneer, claims its annual roll of victims, and the Sandwich Islands Government, hopeless of any other means for stamping out the foul disease which is decimating Hawaii, removes every leper, the moment the

symptoms of the malady appear, to a lonely isle of Molokai, there to remain till he dies.

From the time that he first knew toil and decay man has been seeking for a means either of vanquishing death, of outwitting old age, or of growing rich without the expenditure of labour. Now the search is for the Elixir of Life; at another time for the Philosopher's Stone, and the power of transmutation. Juan Ponce de Leon spent long years in search of the Bahaman fountain of perpetual youth, but he duly died in spite of its miraculous waters. Sir John Mandeville—or whoever wrote under that name—tells us that at Polombe—or, as we now call it, Quilon—on the Malabar Coast, he also had quenched his thirst at a well of rejuvenescence, though it is sad to hear that when in old age he recrossed that sea which in the heyday of his manhood he had passed “on the Feast of St. Michael,” he was in the agonies of arthritic gout, and, as a consolation for his “wretched rest,” composed the “boke” which obtained for him the distinction of being the “father of English prose.” Sir John Hill was no more fortunate, for notwithstanding the efficacy of his tincture of *Bardana* as a specific for gout, he succumbed to that disease. Indeed, the remedy for that malady alone is still to be found, and is likely to keep the philosophers for a long time at work, for though there is a Jacksonian Professor in Cambridge who is bound by the conditions laid down by the founder of his Chair to “discover a cure for the gout,” the learned incumbent, instead of bending his intellect to this momentous task, passes his time in spectroscoping the sun, or in extracting alkaloids for which nobody cares out of something that no one else can eat. Even the art of “making beautiful for ever” has not lost its charms for middle-aged ladies, and were a second Cagliostro to vaunt a liquid warranted to render the wrinkled hag an incarnation of immortal loveliness, the all-believing world who help pill vendors to great fortunes would hasten to purchase the precious fluid. Twenty years ago a Chinese doctor—or a barbarian who personated that character—created something like a furore in San Francisco. He prescribed for every disease, at the same time enjoining a strict regimen, without which his medicines would not only fail to cure, but would actually kill. The result was miraculous. Epicures bore with equanimity a sentence of rice water and dry toast, in terror of the Chinaman's medicine working their doom, and ladies who turned day into night recovered when they fol-

lowed his implicit directions, unconscious that the physis was simply a means for frightening the patients into obedience to the hygienic appliances which accompanied it. A similar tale is told of the Anamite plant, which cures all, or kills those who recklessly abuse its virtues, and the student of folk-lore does not need to be reminded that the identical properties are attributed to all the ordeal drugs which form so prominent a feature in the rude jurisprudence of inner Africa.

A universal medicine, a general panacea, is what the impatient world seems always to be yearning after, and is ever ready to believe in. The stench of tar water is scarcely out of our nostrils before the treacle and brimstone beloved of Mrs. Squeers, or the camphor drops of Deputy Raspail, is announced as the long-sought-for nostrum. The grape cure is a rather recent craze of harmless enthusiasts, and is likely to last some time, since, if not very efficacious, it is undeniably pleasant. The same negative tribute may be paid to the odour of pine forests, and the manifold virtues of boiled celery and raw tomatoes. The latter are, indeed, beginning to assert themselves so vigorously in America that before long they will be introduced here as the latest dietetic cure-all; for the world has already heard of a diplomatist who, after damaging his constitution by English dinners and an undivided attention to the game of euchre, is renewing his youth on the penitential diet of love apples and skim milk. Limes have been vouched for as a fruit on which man might live for ever were life worth living on such a nutriment, and at different times there has been a great deal to say for dried mummies, green tea, Virginia tobacco, cacao leaves, snake's flesh, the eye of newt and toe of frog, a glass of water at night and a little whisky early in the morning, as certain means for prolonging existence until a person addicted to such physis would be a burden to his less ambitious relatives. The mandrake, which groaned as it was dragged out of the ground attached to a dog's tail, and made all mad within hearing of its moan, was in Shakespeare's day accounted a singularly potent drug. It entered into all love potions, and as a sovereign remedy for bringing back recalcitrant wooers is referred to in the book of Genesis. The bryony still keeps its place for similar purposes in the rural herbal, just as the elder is in repute for the cure of quinsy, the bite of adders, and mad dogs, as an amulet against erysipelas, an ointment for sore eyes, and



a charm against toothache, fever, and witches. A raw potatoe or a loadstone in the pocket will protect the owner against Rheumatism, and, as late as 1877, a "mad stone"—a charm as old as the Middle Ages, and referred to by Ibn Baithar, the Arabian physician—was in use in Kentucky as a cure for hydrophobia. The dock is in folk-medicine a sort of universal panacea, and though modern monarchs no longer "touch" for the "king's evil," Charles X. of France officiated in that capacity at his coronation, and in the year 1838, failing the Queen's touch, half-crowns bearing the effigy of Charles I. served this end among the Shetland Islanders, just as at Cairo scraps of garments that had come in contact with the camel bearing the "Grand Seigneur's" annual present were at one time preserved as infallible remedies against every ill. Folk-medicine and the search for a panacea is, indeed, a branch of fetishism. It arises out of the idea that every created object must contain some occult virtue, more or less supernatural. For it is among the kindlier beliefs of man that there is no evil for which there is not a remedy, and that if Heaven has ordained sickness and old age, perfidy and death, it must also have provided philtres against all four, and that even a sad memory may be got quit of by means of "that enchanted stem" which made the Lotus-eaters forget the world behind them.—*Standard, August 21 (Communicated).*

## CASES FROM VETERINARY PRACTICE.

By EDWARD THOMAS, Esq.

### Single Remedy Cures.

I WAS recently asked if I could not report any cures by *Single Remedies*, as more might be learned from such than from the present fashion of giving two medicines in alternation. Indeed, one not unfrequently sees in what is called homœopathic practice two remedies used in the day, another at bedtime; and, occasionally, a fourth first thing in the morning. (Is this Homœopathy according to Hahnemann?)

I find in my note-book three cases of cure by single remedies, in addition to the cases of *Purulent Ophthalmia* cured by *Arsenicum* alone, as reported in the *Homœopathic World*, vol. xvii. p. 165.

Case 1.—*Lycopodium* in *Tympanites*.—A young bull,

fifteen months old, was so much swollen out that his owners, very experienced farmers, consulted me as to the cure. The only symptom was the swollen condition; and they added that whatever he ate caused it. I found in "Curie's Jahr," under "LYCOPodium": "*Abdominal region*:—\*Tension round the hypochondria. \**Fulness and distention of the stomach and abdomen*;" so I gave *Lycopodium* 6, in ten-drop doses, four times a day. This cured the animal in less than a week's time.

Here I think we learn a double lesson. The homœopathicity of the remedy, and the small dose, the 6th centesimal, of *Lycopodium* being as curative as the 1x and 3x, in which dilutions it is continually given in human practice.

4. *Belladonna in Hydatids of the Brain?*—While staying with a friend at a farmhouse, my attention was directed to a young pig, about three months old, one of a very fine litter. It was separated from the others, and was, the day long, trotting round a circle in a little loose box. The farmer being willing, I prescribed *Belladonna* 3 in pilules, much to the amusement of the farming folk, who knew nothing of our medical heresy. And although at the end of five days I was told it was no better, the owner asked for more medicine for it, and in a little over a week from giving the first dose the pigling was quite well. Jahr gives the symptoms very plainly, and I remembered that one of my children, when a lad of five years old, was all but poisoned through eating belladonna berries. Among his symptoms were—*inability to walk straight*, kept turning to one side.

In the case of poisoning we first gave *Tart.-Emet.* in one-grain doses every five minutes until he vomited five berries, then *strong black coffee* in tablespoonful doses every quarter of an hour, until the dangerous symptoms had subsided.

Case 3.—*Nux Vomica in Paralysis.*—Four horses affected with paralysis (at the same farmhouse). The description given of them was that they appeared quite *drunk, reeling drunk*, [one so much so that he fell several times in walking. *Nux Vomica* 3 was sent for all, to be given every five or six hours. In three days they were all so much better that the owner said, as he was so busy, two of them must work on the following day. This was not my own case, but sent to me by a veterinary friend who was feeling his way under my directions, and who wrote referring to these cases:—"I have seen many cases of paralysis, and used to consider myself very successful in treating them with *tonics*, etc., but

I never saw anything to be compared with the good effects of Homœopathy. It has proved with me equally satisfactory in other diseases."

As to curing with a single remedy, I admit the cures are rare; it is so difficult to get a good picture of the case. Very frequently one does not see the patients, and prescribing is in such cases more guesswork than a work of art. Still it is worth while to study the *Materia Medica*, and a *Jahr's* manual is invaluable to the man who will take the pains to study it. What is worth doing is worth doing with care.

16, Pepper Street, Chester, September, 1883.

## BRITISH MEDICINAL PLANTS.

*Geranium Robertianum*, L. (Herb-Robert).—An annual plant about a foot high, with opposite, petiolate, three and five parted leaves, found chiefly in waste places and hedge banks, and distributed through Europe, Northern Africa, Siberia, Western Asia, and North-West India. It flowers in this country from May to September, and is known under two or three varieties or forms. The name Herb-Robert seems to have been derived from the fact of the flowers appearing about St. Robert's day, the 29th of April. The recent plant has a strong, peculiar, and disagreeable odour and a slightly bitter, austere, and saline taste. Insects object to it in consequence of its strong smell, and Linnæus says the crushed leaves drive away bugs, though it is eaten by horses and goats, and sometimes by cows; sheep and swine, however, will not touch it. It was formerly used in medicine for its supposed vulnerary powers, and had a reputation in hæmorrhages, gravel, jaundice, scrofula, etc. It was also recommended in intermittent fevers, and for outward application in cancer, ulcers, tumours, etc.

*Oxalis Acetosella*, L. (Wood Sorrel).—This pretty little creeping plant has been supposed by some writers to be the original shamrock of Ireland. It shares, however, the honour of being the national emblem equally with the white clover which has, like the *oxalis*, trifoliate leaves. Besides the name wood sorrel, the plant has been called wood sour, sour trefoil, stubwort, cuckoo's meat, and alleluiah, this latter name being probably given to it from the fact of it being in flower about

Paschal week, when alleluiahs were sung in churches. "That the plant was held in some sort of veneration by the monks of old is illustrated by the fact of its being often represented in the architecture of Gothic ecclesiastical buildings." The name cuckoo's meat seems to have been applied to the plant in consequence of its flowers appearing with the singing of the cuckoo.

The wood sorrel abounds in moist, shady places in this country, and flowers from April to August. Its distribution extends through Europe, Northern Africa, Siberia, Western Asia to the Himalayas, and also in Eastern and Western North America. The plant has no smell, but a powerful acid taste. Neither cows nor horses will touch it, but it is eaten by goats, sheep, and swine. The acidity of the leaves causes them to be sometimes used with sugar in the preparation of a conserve, the leaves being beaten up with twice their weight of sugar. As, however, the acid principle of the plant is oxalic acid, the conserve should be used in moderation.

The medicinal value of wood sorrel in former times was as a refrigerant in diminishing febrile heat; it was also used in diarrhoea. It was recommended for external use in scrofulous ulcers prepared in the following manner: The plant should be wrapped in a cabbage leaf and macerated in warm ashes until reduced to a pulp, when it should be applied to the part affected. Both syrup and extract of wood sorrel have been made, and included in some foreign pharmacopœias.

*Ilex aquifolium*, L. (Holly).—This is so well known to all Englishmen that no description of the plant is needed. It is widely distributed in this country, and is largely used in plantations and shrubberies. It extends into Southern Norway, Turkey, Caucasus, and Western Asia. The plant, which flowers from May to August, seldom exceeds in size that of a shrub or small tree. There are, however, some fine holly trees to be found in different parts of England. One is stated to be growing at Claremont, Surrey, which measures 80 feet high. The reason of the scarcity of large trees in England is said to be due to the fact that they were cut down in large numbers for the sake of the hard, white wood, such wood being in former times difficult to obtain.

In France, especially in Brittany, as also in Italy, holly trees grow to a large size. Holly, as we know, makes excellent hedges, and much might be said as to its use in days of old, when the holly hedge planted by Evelyn, at Says

Court, was so planted, it is said, to replace a similar fence "destroyed by the mad frolics of the monarch and Menchikoff, whose favourite recreation was wheeling a barrow with the king or courtier seated in it through the thickest hedge in the neatly-kept garden of Evelyn." To confine ourselves more to the medicinal uses of the holly, we find that the bark is not only viscid, for which reason it is commonly used in the preparation of birdlime, but it has a turpentine-like smell and a bitter taste. The properties of the holly seem to have been not well known by the early writers; the berries were, however, known to be emetic and purgative. Ten or twelve were recommended as "good against the colic." The leaves were prescribed in intermittent fevers, and this application was supported in a paper by Dr. Rousseau on "The Use of Holly and Ilicine," in the Transactions of the Medico-Botanical Society of London, 1832-33, in which they are strongly advocated as a substitute for cinchona. In the experiments recorded in this paper the powdered bark or a decoction was used. The root is emollient, expectorant, and diuretic, and is said to have been found beneficial in obstinate coughs and bronchial affections. —*Monthly Magazine of Pharmacy.*

## LUNA.

By S. SWAN, M.D., New York.

THE following proving of *Luna* 1m (Fincke) was made by Dr. S. J. W., a lady physician fully qualified to undertake the task. She took the first dose at 4 p.m., August 5th, 1873. She was in good health, but menstruating at the time; the flow had commenced twenty-four hours before, was light and thin, except when lying down, when it changes and comes away in clots and flows free.

Fincke's preparation was made by exposing sugar-of-milk to the rays of the moon on a glass plate, stirring it meanwhile with a glass rod, and dynamising the sugar-of-milk so charged in the usual way. Dr. Higgins prepared his by exposing pure water to the rays of the moon in South America for three or four hours, and then dynamising the water so charged.

The discovery that the so-called *Imponderabilia* can be dynamised completely overthrows the objection of the anti-

dynamisationists that the limit of the divisibility of matter is reached somewhere between the 12th and 18th centesimal dilution; for it shows that curative and pathogenetic powers may be associated with other forms of substance than what we call "matter."

4.5 p.m. After ascending a flight of stairs, experienced a peculiar beating sensation, commencing at lower extremity of sternum and extending outwards, following somewhat the attachment of the diaphragm on each side to a point under each arm; at the same time a warm glow down the arms to the finger-tips, more perceptible in left arm.

4.15 p.m. While reading, a sharp pain felt just above root of nose, followed instantly by a pain in left temple, then by general headache; none of these symptoms continued over sixty seconds.

5 p.m. Took second powder. Sharp, quick pain attacks left crural nerve, continuing for a few seconds, then ceasing for a short time, and again returning, lasting about as long as before. Flatulency commencing with burning in stomach, continuing nearly an hour.

6 p.m. Took third dose, followed by a sharp pain in left great toe. Flow less free, still thin, with strings of dark blood, accompanied by colic pain above the umbilicus, relieved by eructations.

6.30 p.m. Pain returned in left temple, also pain in left side of upper portion of frontal bone, of a deep, burning, scraping character, lasting from five to ten minutes, until about 7 p.m., when she took fourth dose; the pain still continued as before, and was only relieved for a short time by eating; again returning, it was relieved by a walk in the open air.

8 p.m. Took fifth dose. No symptom till 8.45 p.m., when she experienced a feeling of irritability on being spoken to, and a slight return of the colic, commencing two inches above umbilicus, and seeming to pass directly upwards to stomach in a direct line, creating a desire to bend forwards.

9 p.m. Took sixth dose. Again the burning, scraping pain in left frontal region, over region of causality, seemingly in the bone, growing lighter, though still remaining with general headache, and feeling of weak heaviness as though she must lie down; also a return of the burning in stomach-pit.

10 p.m. Took seventh dose. Slight feeling of giddiness.

Eyes, which are always weak, have a feeling of sand in them, aggravated by this medicine. After sixth dose, a sharp stinging pain in right eye for one instant, leaving it with a smarting sensation, which still continues. At 10.20 p.m., sharp pain in left side of vagina, leaving a dull aching pain, which seems to extend through the left external parts, and then grow suddenly sharper than ever, again returning to vagina, passing through to the rectum. After third dose a sensation of a cold in the head, which still continues with slight amelioration. The sharp pains, though less severe, flying from vagina through abdomen, ceasing in stomach-pit.

10.30 p.m. Slight giddiness, with slightly bitter taste on left side of tongue, with increased flow of saliva.

11 p.m. Eighth dose. After retiring, had again the bitter taste on left side of tongue, with the stinging pain in right eye; went to sleep at midnight and had a good night's rest.

Aug. 6. Soon after waking, again had the bitter taste on left side of tongue, with a faint, weak feeling in stomach, which passed away before dressing was finished. Urgent desire for stool entirely relieved by passing flatus. Headache, which passed away in open air. After ninth dose, was relieved of the sharp, quick pain in vagina, with bearing-down sensation, by passing flatus from vagina. Sensation in right leg, as if the gastrocnemius muscle were swollen, broadened, and flattened, with something bound upon it; at the same time a feeling of something tight around hypochondria.

9 a.m. Took tenth dose. No new symptoms except a return of the beating sensation at lower end of sternum (see first day).

5.30 p.m. Headache all day, mostly on left side, while occiput feels as if it had a weight in it, with an occasional sharp pain. Two stools, one at 10 a.m., the other at 2 p.m., both soft, scanty, and preceded by an escape of flatus.

12.30 p.m. After drinking a glass of milk, again experienced a burning in stomach, lasting about an hour. Sharp pain in vagina, with the bearing-down sensation at irregular intervals, felt all day. Increased flow of saliva all day.

7 p.m. While sitting at dinner felt pain in left leg above and below knee, like the growing pains of children, passing away when walking. On retiring, felt a peculiar

stinging itching on the right side of body, as though an insect were biting the parts, felt more on foot, leg, and forearm. Slept well, but dreamed.

Aug. 7. Woke with faint feeling in stomach and sensation of great distention of abdomen, and slight pain round umbilicus; both of these sensations were relieved by eructations. Felt as though she had not slept enough. Cold in head gone, eyes better; flowed very freely all day, discharge very watery, and ending at night with slight discharge of mucus.

Aug. 8. Slept well, but woke languid, and felt the pain round the umbilicus, which came and went at intervals during the day. No desire for food. Fatulency. Stools natural. Menses ceased.

8 p.m. Headache with slight nausea. Colic pain in stomach and bowels, with urging to stool, which passed away in an hour without any faecal discharge. After retiring, aching of bones of lower extremities, with pain in lower lumbar and upper sacral region. Restless at night, and sleep unrefreshing.

Aug. 9. Not much appetite. A glass of milk caused burning in stomach. Head a little heavy. Mind not quite clear. Menses again returned, flow less watery than two days ago, but profuse. Pain in uterine region as if menses were just coming on; has felt it at intervals most of the day. Also colic pains.

Aug. 10. Menses again stopped. Pain in occiput, extending down between scapulæ. Appetite small. Headache through the day. After retiring, intense itching of labia majora, extending into vagina, relieved by bathing the parts in cold water. Great lameness in anterior tibial region from walking. Very severe pain in sacral region in evening. Pain in occiput, changing to lame feeling on retiring, and preventing turning in bed with ease.

Aug. 11. Discharge of acrid yellow leucorrhœa through the day, with backache and pain in right ovary; great itching, which was not relieved till after retiring and applying a cloth wet with cold water. Slight rheumatic pains in tarsal and carpal regions. Restless sleep.

Aug. 12. Leucorrhœa better; felt pretty well all day.

Aug. 13. Tired, and slight headache.

Aug. 14. The same weary feeling; itching of labia through the day.

Aug. 15. No new symptoms, except disinclination to



mental or physical labour, with irritability; did not want to be spoken to; wanted to be let alone.

9 p.m. On retiring, felt peculiar feeling round the heart, as though it stopped beating, relieved by eructations.

Aug. 16. Sleep sound, but unrefreshing, as if she had not slept enough. No appetite, with loathing of food and slight nausea. Very languid. Symptoms relieved by the open air, except the appetite, which did not return during the day.

10 p.m. Retired, and again had symptoms about the heart relieved as before by eructations, though the pulse continued to beat irregularly for some time, first slow and strong, then quite weak. Sleep, though sound, disturbed by distracted visions of the events of the day.

Aug. 17. Awoke with headache and feeling of irritability, which continued through the day. Appetite better; food does not digest well. Eructations sour and tasting of ingesta.

3 p.m. Again the heart trouble, continuing nearly two hours, aggravated by lying down. No appetite for supper. At 7 p.m. again the suffocative sensation round heart, which continued about an hour, then gradually ceased, returning slightly between 9 and 10 p.m. Some leucorrhœa through the day, but less acrid than before, causing slight itching. Has felt quite sensitive to coming in contact with people. On retiring, some soreness in throat.

Aug. 18. Felt quite well till 3 p.m., when soreness of throat returned and continued till 10 p.m.

Aug. 19. Woke at 3 a.m. with a very severe headache, which kept her awake some time; then she slept for a short time, and awoke with the pain still so severe that she could not rise. No desire for food. Drank a cup of tea, which immediately regurgitated, tasting very sour. About 3 p.m. felt pain through liver and spleen. Headache passed away at 10 a.m., returning with less severity at 3 p.m., continuing till bedtime. Pain commencing between scapulæ passed downwards to left side, then to left kidney, where it resembled the pain felt in lungs after violent exercise in open air, such as running on a cold day; pain continued from 4 to 10 p.m.

Aug. 22. Was free from symptoms till 5 p.m., when after a hard day's labour took a bath, and after a short nap woke suddenly with dull, heavy, dragging pains in pelvic region, as if from prolapsus, worse on motion, with frequent desire to urinate, and a general restless and languid feeling.

Aug. 23. Awoke after a restless night with the same pain

in uterine region, passing away at 10 a.m. in open air. Has felt irritable all day. At 7.30 p.m. again felt the suffocating sensation around heart. Since 4 p.m. pain in sacral region worse when sitting.

Aug. 24. Slight rheumatic pains in shoulders and fingers, principally in left shoulder.

Aug. 25. At 4 p.m. severe pain in sacral region, so severe that she could not sit still, continuing from twenty to thirty minutes; also in evening great urgency to stool, as if she was going to have a diarrhœa, but it passed away before she could go, and she had no stool. Rheumatic pains felt in shoulders again this evening.

Aug. 26. At 4 p.m. cramplike pains in pelvic region, very sharp, as though the uterus were being contracted by a strong electric current; they continued at intervals for two hours.

Aug. 27. Flatulency, food did not digest very well; had a desire for something, she did not know what. At 2.30 p.m. great feeling of languor and sleepiness, as though she must lie down. At 4 p.m. sensation as though menses were about to commence again. Rheumatic pains felt again. Somewhat constipated. Coryza with sneezing and pain in occiput.

Aug. 28. At 4 p.m. sensation of a heavy cold in head, one side of head stopped, eyes weak and discharging from lachrymal glands, continuing till bedtime. Slept well.

Aug. 29. At 4 p.m., symptoms of cold returned again with greater severity than the day before, and with feeling of irritability, and distress in stomach; went to sleep at 11 p.m. and awoke at midnight, with severe heartburn and great distress in stomach, which kept her awake for some time; had to get out of bed.

Aug. 30. Woke with headache; symptoms of cold still; quite severe pain in abdomen, passing away after stool. Pulse rapid; whole condition feverish, with rheumatic pains in right shoulder, wrist and hand, and left knee. Felt so badly that she went to bed and lay two hours, when she felt somewhat better. Severe headache, relieved by magnetic passes. Symptoms passed away about 1 p.m., returned at 5 p.m., and continued through the night, causing restless sleep and very feverish conditions, first hot, then cold, with thirst after the chill. Frontal headache quite severe. Discharge of yellowish-green mucus from nose.

Aug. 31. Woke at 6 a.m. with a severe chill, after which had a hard headache and kept her bed till after 11 a.m.; felt

sick and weak all day, and at night had horrible dreams of death.

Sept. 1. Felt languid and weak. Head feels light, but does not ache quite so hard as yesterday. Languid feeling through the day. Leucorrhœa returned, causing itching of labia. Some slight pain in left ovary. Sad, depressed, and irritable some parts of day. Urine up to present time has been somewhat profuse, sometimes clear and watery, at others darker.

Sept. 2. Woke with a severe headache after a restless night. Dreams of murder, etc., waking in affright, with pain in occiput. Head continued to ache all the morning. At 1.30 p.m. some bearing-down pains. Not much appetite for last three days.

*Additional pathogenetic observations.* — Mental faculties, especially the ability to receive, retain, and express ideas, are most powerfully affected by the full rays of the moon in tropical countries. The influences are felt the day before the full moon, and rapidly decrease a day or two after. See also Reichenbach's works, and Dr. G. F. Foote's observations in *Medical Investigator*, 1874, p. 421.

*Clinical Symptoms :—*

(1) Excessive œdema of face, neck, and hands, with neuralgic pains in the swollen parts.

(2) Excessive increase of menstrual flow, amounting to hæmorrhage.

(3) Swelling of eyelids, and profuse discharge of purulent matter, with a painful smarting and profuse lachrymation ; the swollen parts are neither red nor discoloured, nor hot to touch.

(4) During menses, severe frontal headache, speedily cured with 1m.

(5) Congestion of blood to head, with sensation of great fullness, at 8 a.m.

(6) Stinging in right eye, as though stung by some insect ; speedily cured by Cm.

(7) Is excellent in sour eructations, especially if tasting of ingesta.

See also other published clinical and pathogenetic symptoms in *North American Journal of Homœopathy*, May, 1874, pp. 497-500, and *The Organon*, vol. iii. p. 53.

## THE FULFILMENT OF PROPHECY.

WE make haste to inform our allopathic contemporaries—it will do them so much good—that two—yes, *two*—homœopathic physicians have been recently converted—or rather retroverted—to Allopathy. One is a Dr. Liliencranz, of California, who, it is said, has applied for admission to an allopathic medical society, though possibly for the purpose of studying Homœopathy there, and the other is Dr. S. O. L. Potter, of Wisconsin, who has recently found employment in writing books for the shelves of a Philadelphia allopathic publisher. Of this latter gentleman, the *Advance*, in announcing that he has “gone back on Homœopathy,” facetiously intimates that he always did go back on it, even when he thought he was practising it.

We are heartily glad that this thing has happened. Heretofore, the changes between the schools have been so entirely one-sided that the business was becoming monotonous. While the two gentlemen above named were preparing for their backward somersault into Allopathy, probably more than twice two thousand allopathic physicians have flopped over in the opposite direction. These two, however, are not the only renegades from Homœopathy. We remember to have heard “the fathers” who long since passed away in the ripeness of old age, speak of another, who, from being a very poor homœopath, lost his balance and fell backwards into the allopathic slough, and has been wallowing there ever since. That was away back in the direction of the dark ages. His name was Peters—same name as the man who ate his Master’s loaves and fishes, and was then scared by a servant girl into swearing that he did not know him. This latter individual, however, came out all right, and boldly laid down his life in defence of his Master’s name; but when the New York man became a renegade, he stayed a renegade. And now there are three of them; one on either side of a three-thousand-mile continent and one in the middle. What company they must be for each other! How lovingly they can see-saw together—one on each end of the Union Pacific Railroad and one over its fulcrum—and sing in its praise, “Blest be the tie that binds!”

Three desertions—possibly there may have been one or two more that we never heard of—in the brief space of fifty-eight years; reducing the number of our practitioners from one to some six or seven thousands! Thus the ancient pro-

phacies which foretold the dissolution of Homœopathy are being rapidly fulfilled.—*Hahnemannian Monthly*.

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## HOT WATER AS A BEVERAGE.

A PHYSICIAN writes, in the *World of Science*, some very interesting things regarding what to drink. "The habit of drinking strong tea, or black coffee, directly after dinner, is especially bad, and certainly interferes with digestion. At breakfast time, a healthy man has all his sleep in him, and surely it is then unscientific for him to inflict upon his system strong tea or coffee. At 'tea-time,' tea or coffee may well be indulged in moderately; the bulk of the day's work is done; the body not only wants rinsing out, but fatigue is felt which may well be counteracted by the use of a mild stimulant, such as tea; and bedtime is not yet so near that sleep is thereby interfered with. Most nations that drink coffee largely get a sallow skin; and I am inclined to think that the carbonaceous matter of the roasted coffee, when so largely and frequently taken, may perhaps have something to do with this. For hard-working people, who are not corpulent, I should suggest the thick flake-cocoa as the healthiest and most nutritious breakfast beverage. For those who do not want fattening drinks, and who often cannot digest cocoa, I should say drink hot water at breakfast. Those who dine late, and make their dinner their main meal, need a diluent drink an hour or two afterward; and, if they drink tea, it keeps them awake, or makes them irritable and nervous. I find, for myself, that dining solidly, as I am obliged to do when I have done my work (7.30 p.m.), and often needing to work from 9 to 11, a tumbler of hot water brought into my study or laboratory is the best and wholesomest drink, and, after a few evenings, it will be as much relished as the usual draught of tea. The hot water assists to complete the digestion of residual food, it acts upon the kidneys, and rinses out the effete matters, and thus will be found to wake one up sufficiently, and neither to injure the stomach nor to keep the brain awake after bedtime. In cold weather, warm water is by far the best drink at dinner-time; and, in hot weather, a draught of warm water is far wholesomer and more cooling than cold or iced water."

## Obituary.

### DR. ROBERT RAY, MELBOURNE, VICTORIA.

DR. ROBERT RAY, of 133, Collins Street East, Melbourne, the senior homœopathic practitioner of that city, met with a sad accident recently, which resulted fatally. He was driving home, after paying a round of professional calls, from St. Kilda, one of the suburbs of Melbourne, on Sunday morning, May 13th last, when his rein broke, and he was either thrown or attempted to jump from his buggy, in doing which he received a severe fracture of the skull, which resulted fatally the same evening.

Dr. Robert Ray was the youngest son of Mr. James Ray, of Horsham, Sussex. He did not commence the study of his profession until later in life than usual, not having taken it up until he was about thirty years of age. He adopted homœopathic tenets, and most consistently practised the same from the commencement of his professional career, which extended over twenty-four years. His attention was first directed to Homœopathy by his late brother, also a homœopathic physician, who died some five years since in Ballarat, Victoria, where he had previously practised.

Dr. Ray was one of the honorary physicians of the Melbourne Homœopathic Hospital, and had been intimately connected with that institution from its commencement until the time of his death. He was the senior homœopathic practitioner in the city of Melbourne, was highly esteemed, and is much regretted by a very large and influential circle of patients and friends. Dr. Ray has left a widow and a large family of daughters as well as two sons. Both the latter are physicians, and Dr. Robert William Ray, the younger of these, had just commenced practice in partnership with his father, and in whose favour he was about shortly to retire from the active duties of his profession. Dr. R. W. Ray will carry on the practice of his late father, and will, we trust, continue his good work at the Homœopathic Hospital, of which he was appointed one of the honorary physicians some months since.

The late Dr. Ray was a member of the English College of Surgeons, and a licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh.

## AUDACIOUS RHYMES ON THE WATER QUESTION.

Ἀριστον μὲν ὕδωρ (?).—PINDAR.

THAT fine old bard, who sang so well  
To his queer lyre of tortoise-shell  
That "ὕδωρ μὲν ἀριστον."  
If he had had the stuff to drink  
That fills my cistern and my sink,  
Would not have been so keen, I think,  
Its virtues to insist on.

No doubt some companies supply  
Good water; that I don't deny:  
But this one fact is patent,  
That in the district where I dwell  
It's neither nice to taste or smell,  
And, I suspect, contains as well  
Some disagreeables latent.

No wonder: for I fail to see  
How water drawn from Thames or Lea  
Can be a safe potation;  
Nay, some great analyst affirms  
In very scientific terms  
That it is full of divers germs  
In state of incubation.

I'm no Blue Ribbonist, and yet  
I love a bubbling water-jet,  
With all its sparkling prisms;  
There's not another drink so fine:  
Still (it may be a whim of mine),  
I feel compelled to draw the line  
At "moving organisms."

And most of all just now, because  
I've some respect for Nature's laws,  
And it would be intolerable  
If I were to meet my fate  
(Just having paid my water rate)  
Through the main near my humble gate  
Supplying me with—Cholera.

R. M. T., in "*Funny Folks*."

## AMERICAN SURGERY.

A MAN who had been carried to a Philadelphia hospital while suffering from the effects of a severe contusion was asked if he had been treated kindly while there. "Considering all things," he answered, "I think I have no right to complain. They amputated both of my feet, removed my collar-bone, cut off my right arm, trepanned me, took out a piece of the under jaw, sawed my left hip-bone in two, and were about to excavate five or six ribs when a fire broke out in the establishment and the police got away with the rest of my body in safety."

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

BOOKS AND JOURNALS  
RECEIVED.

Medical Counselor.

St. Louis Clinical Review, July and August, 1883.

The Clinique, July 15, 1883.

Monthly Homœopathic Review, September, 1883.

The Hahnemannian Monthly.

Annals of the British Homœopathic Society, February and August, 1883.

The Monthly Magazine of Pharmacy.

Sleeman's Circular.

Chemist and Druggist, July 14, 1883.

Revista Homeopática Catalana.

Calcutta Journal of Medicine, April, 1883.

The Medical Advance, Aug., 1883.

El Criterio Médico.

The Midland Medical Miscellany, No. 21.

## CORRESPONDENTS.

Communications received from Dr. Pope, Tunbridge Wells; Dr. Harmar Smith, Ramsgate; Dr. Hawkes, Liverpool; William Tebb, Esq., London; E. B. Ivatts, Esq., Dublin; Dr. Lloyd Tuckey, London; Dr. Ussher, Wandsworth; Dr. Thomas, Llandudno; Dr. Jno. Moore, Liverpool; Dr. Berridge, London; Edwd. Thomas, Esq., Chester; Dr. Midgley Cash, Torquay.

## The Homœopathic World.

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Dizziness and Deafness.

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Damage to the Heart from the Inhalation of Nitrous Oxide.

The Missing Science.

Professor Palmer's Strong Dose of Lobelia.

Silicea in Necrosis.

The Pearce Fund.

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## CORRESPONDENCE:—

Annual Congress of Homœopathic Practitioners.

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# THE HOMŒOPATHIC WORLD.

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NOVEMBER 1, 1883.

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## THE BRITISH HOMŒOPATHIC CONGRESS.

THE usual annual meeting of the medical men practising Homœopathy was held at Matlock on September 11. Dr. J. Moore, of Liverpool, presided. Amongst those present were Dr. Dudgeon, Dr. Dyce Brown, Dr. Cooper, Dr. Jagielski, Dr. Powell, Mr. Engall, Mr. Harris, and Mr. Black Noble, London; Dr. Drysdale, Dr. Hayward, Dr. Hawkes, Dr. Gordon Smith, Liverpool; Dr. Proctor, Birkenhead; Dr. Harvey, Southport; Dr. C. Blackley, Dr. Moir, Dr. Perkins, Manchester; Dr. Bryce, Dr. Pullar, Dr. Wolston, Edinburgh; Dr. Clifton, Leicester; Dr. Hughes, Brighton; Dr. Drury, Bournemouth; Dr. Neatby, Ventnor; Dr. Nicholson, Clifton; Dr. F. W. Clifton, Birmingham; Dr. Collins, Leamington.

The proceedings were opened by an address from the president, Dr. Moore, of Liverpool. At its conclusion a cordial vote of thanks was proposed by Dr. Drury, seconded by Dr. Bryce, and carried.

The minutes of the last meeting having been read by the secretary, Dr. Dyce Brown, the president called on Dr. Bryce to read the paper of which he had given notice.

At the conclusion of the discussion the meeting adjourned for luncheon. On reassembling, Dr. Hayward read the report of the Hahnemann Publishing Society.

Considerable discussion then followed as to the place of meeting for 1884, and the following places were proposed and seconded:—Bournemouth, London, Southport, Cheltenham, and Cambridge; the choice ultimately falling upon the last-named place, and the second Thursday in September was fixed as the time for holding the meeting.

The election of officers was then proceeded with. Dr. Hayward was elected president; Dr. Hawkes, vice-president; Dr. Madden, treasurer; Dr. Dyce Brown, general secretary; and Dr. Clifton, of Leicester, local secretary.

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Dr. Cooper then read a paper on "Otorrhœa." He was followed by Mr. Engall with a paper on the "Site of Impregnation of the Human Ovum."

At dinner, after the removal of the cloth, and the loyal and patriotic toasts had been duly honoured, the president said: "The next toast on the list is one that we always drink in solemn silence, 'To the memory of Hahnemann,' and I take this opportunity of noticing the deep and serious loss we have sustained by the deaths of Dr. Black and Dr. Bayes during the past year. Both of them were efficient workers in their own departments—Dr. Black in literary work, and Dr. Bayes in administrative work. The latter gentleman has done a great work for us in relation to the School and the Hospital, a work for which we ought to cherish his memory and keep it in grateful remembrance. Dr. Black was very kind-hearted as well as very able, and rendered great service to Homœopathy in past years. The present generation of young men do not know how much we are indebted to the late Dr. Black. He did a great work for us, and some of his writings are most valuable. We drink, therefore, to the memory of Hahnemann and our departed friends in solemn silence."

Other good speeches followed, but we have not sufficient space to print them. Those desirous of reading a complete report of the Congress, together with all the papers read thereat, are referred to the *Monthly Homœopathic Review*, which is the official organ of our Congresses.

## THE NEW COLOUR, CORSICA.

A CORRESPONDENT writes:—"I am desired by some artificial florists to endeavour if possible to call public attention to the baneful effects of a new colour used in the making-up of artificial flowers, which is known by the name of 'Coraica.' My informants state that the materials which are thus dyed, whilst being made up cause a fine dust to arise, which penetrates the skin, and which cannot be got rid of until after several washings. It also causes violent headache and vomiting, together with internal pains, and its use is having a very detrimental effect upon the poor workers who, it is well known, chiefly consist of young and delicate girls."—*Communicated by Mr. Eeritt.*

THE PRESS ON MAJOR VAUGHAN MORGAN'S  
OFFER TO ST. GEORGE'S HOSPITAL.

THE authorities of St. George's Hospital have declined the offer of Major Vaughan Morgan to contribute £5,000 in five yearly instalments, on the sole condition that the money should be devoted to a fair trial of Homœopathy in the wards of the Hospital. They have the right to refuse it, and so have the authorities of any other hospital in London. But it is to be regretted that the leading medical organ, in commenting upon the matter, should once more have displayed the cloven hoof of intolerance. Homœopathy, asserts the *Lancet* for the hundredth time, is a fad and not a science; it cannot have the recognition of a general hospital. "If Major Vaughan knew medicine in the scientific sense as he knows the art of war, he would see that to take Homœopathy into a regular hospital would be as reasonable as it would have been to take a popgun into Tel-el-Kebir." This is not only bigoted, it is insulting. Can the *Lancet* deny that many lives have been saved by homœopathic treatment? If not, what right has it to insinuate that homœopathic medicines are of no more use in case of sickness than popguns would be in case of war? The time will come when it will be a matter of wonder that Major Vaughan Morgan's generous offer was not gladly accepted. There are many who think that it has been refused for the simple reason that the allopaths at St. George's Hospital are afraid lest a fair trial of the system in the wards of the institution should demonstrate its superiority.—*London Figaro*.

## MEDICAL INTOLERANCE.

We feel it our duty to give prominence to the fact that an offer of Major Vaughan Morgan to contribute £5,000 to St. George's Hospital on condition that the money is devoted to a fair trial of Homœopathy has been declined. Similar offers have, we believe, been previously made to and declined by other of the London hospital authorities. Such rejection is noted exultingly by the *Lancet*, which is of opinion that the authorities of every general hospital in London would decline the philanthropic offer. If so, the greater the shame reflected upon the profession. "Homœopathy is a fad," observes this autocratic and unreasoning organ; but simply saying something is a "fad" does not make it so. "I can call spirits from the vasty deep." "So can I," replied

Hotspur, "but will they come?" Language in this strain is, to put it mildly, unbecoming a journal professing to represent a body deemed honourable, learned, and humane. It savours of dogmatical intolerance, and therefore is indicative of weakness on the part of the allopathic or orthodox practitioners. However, we are not surprised, for it is a similar style to that which this paper is in the habit of addressing to those who doubt the efficacy of vaccination. It may be well to point out here that the discontinuance of the once general practice of bleeding *inter alia* shows that medical men may be grievously mistaken; and the obstacles placed in the way of, and the absurd prejudices raised against women entering the profession, show that the desire to advance scientific knowledge is by no means the chief consideration of the faculty. But to return to the subject in hand. Homœopathy either has or has not done good to those who have been treated in accordance with the system. Statistics recently published testify to the fact that homœopathic treatment of cholera, typhoid, and other fevers, has been the means of saving from death a greater percentage than is usual by the allopathic treatment. If this is so, and we have no reason to doubt it, and a like beneficial result is claimed for Homœopathy in respect of other cases, the "proper thing" would be to give the system a fair trial in one of our large hospitals. Such an experiment would reflect credit upon that profession, which is not done by using hard words. This rather points to a weakness in the case of those who adopt such language. The rejection of this truly charitable offer to St. George's Hospital is not only unworthy the medical profession, but as the homœopathic treatment may probably be more beneficial than the existing system, it is unfair to the sick and suffering whom it is the duty of medical men to treat by the most efficacious means. The refusal comes at a rather unfortunate time, for this hospital, in common with many others, is greatly in want of financial aid. The subscribers have a right, therefore, to an explanation from the managers as to what reasons induced them to reject such a large sum intended to be used for so desirable a purpose. The object of the medical profession should be to effect as expeditiously, and with as little suffering as possible, the greatest number of cures. But if they refuse to countenance, and, in fact, irrationally and petulantly discourage efforts to ascertain which system will best accomplish the desirable end, the subscribing public and

the patients will look upon them with suspicion—as well they may. To attempt to condemn unheard, and without trial, the homœopathic system will, in the end, avail the orthodox members of the faculty no more than the denunciation of, and refusal to listen to the opponents of the vaccination dogma. Truth will triumph, despite bigotry and superstition. For the honour of the profession, and in justice to those holding other than the generally accepted views as to the science of medicine, we hope the authorities of St. George's Hospital will not only reconsider their decision, but will conclude that the offer of Major Morgan is worthy of acceptance. We hope so, because whatever the proved result, a fair trial in one of the large general hospitals of the Metropolis, accorded to a comparatively new system of medicine, cannot be other than advantageous. At any rate, we shall feel it our duty, in the cause of philanthropy, to give publicity to any facts which prove either that the homœopathic treatment is or is not a benefit to mankind in the saving of life or diminution of suffering.—*The Echo*.

It is not necessary to go outside the medical profession to find bigotry of the most pronounced type. It appears that Major Vaughan Morgan, treasurer of the Homœopathic Hospital, recently offered to give £5,000, in five yearly payments, to St. George's Hospital, on condition that the money should be devoted to a fair trial of Homœopathy in the wards of that institution. This very generous and not unreasonable offer was declined by the governing body, although several wards remain unoccupied for want of funds. The authorities, in their bigotry, preferred that beds should continue empty rather than be filled by homœopathic patients. As Major Morgan's offer still holds good either to St. George's or any other hospital, it is not too much to hope that just now, when funds are so much needed by medical charities, the governors of some one of the many hospitals in London with empty beds may be induced to close with the would-be donor, and give Homœopathy a fair trial.—*Christian World*.

The following letter also appeared in the *Echo* :—

“HOMŒOPATHY.

“Sir,—I notice in your issue of September 6th, the very generous offer of Major Vaughan ‘to contribute £5,000, in

five yearly instalments, to St. George's Hospital, on the sole condition that the money should be devoted to a fair trial of Homœopathy in the wards of that institution.' This offer has been declined, and it is not the *first* time that similar offers have been made, and declined by the metropolitan hospitals. This must strike your readers as somewhat strange, because if Homœopathy as a system of medicine was the humbug they (the allopathic practitioners) professedly regard it, such an offer as this is surely the best means by which its worthlessness could be proven. What objection can there possibly be to a trial of this kind in any hospital where a love of fair play exists? The professors and practitioners of the homœopathic system would not, I am convinced, shrink from the ordeal; all they ask is 'a fair field and no favour;' and nothing would give them greater pleasure than to be allowed to place the practice of medicine as propounded by Hahnemann and practised by his followers side by side with that of the most advanced and scientific practitioners of the so-called *orthodox school*, and permit the medical profession and a discerning public to judge of the merits of the two systems of medicine, not by arguing about principles and laws, doctrines or doses (allopathic, homœopathic, or anti-pathic), but from the actual results obtained, and the effects produced from the administration of remedies by the medical practitioners in each school of medicine. The question of questions is, Which system cures the best? What are the net gains of the one system over the other? Which heals the sick and suffering most rapidly and completely, at the smallest expenditure of money, the least inconvenience, and in the shortest space of time? Now, these questions can only be solved by actual experiment upon the sick. The British public can only form an opinion on the merits of the case by a comparison of results. Let, then, the experiment be made, the results be published, so that all interested in the issue may know the respective merits of each, and then decide as to whether they will elect the new or the old system of treatment for themselves and their families. The State, medical science, each demand that the experiment should be made; why not try it? If it could be shown that 10, or even 5 per cent., of those who die in our hospitals might have been saved by the adoption of homœopathic treatment, this would be a great gain to the State, and the following statistics show that even more than this might be saved.

"During the summer and autumn of 1881 an epidemic of typhoid fever occurred in one of Müller's Orphanage Houses at Clifton. Eighty children were attacked; all were treated homœopathically, and all recovered. The ordinary mortality from this fever at the ages of these children is, according to the late Dr. Murchison, 14 per cent. Here a clear 12 per cent. were saved through Homœopathy.

"In the epidemic of yellow fever which occurred in and around New Orleans in 1878, 23,540 cases, with 4,056 deaths—a mortality of 17·2 per cent.—were reported by allopathic physicians. Treated homœopathically were 1,945 cases, of which 110 proved fatal—a mortality of 5·6 per cent.

"If Homœopathy be what its traducers assert—charlatanism and humbug—let them prove it to be so, not simply by denunciation, but by allowing fair trial in their hospitals; and if, when weighed in the balance of actual experiment fairly and honourably conducted, it is found wanting, then the sooner it is condemned to the limbo of the past the better, and let it make room for what is more certain, more scientific, and more trustworthy; but, on the other hand, if it is proved to have equal or superior merits as a system of medicine, do not let us shrink from making it known, so that those who suffer may have the benefit."

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## FERRUGINOUS LIVERS.

THE presence of an excess of iron in the livers of anæmic patients is a curious fact, of which several instances have been described in Germany. One case was described by Staehl; and Lindenlang, in the liver of a patient with purpura, found a considerable excess of iron. Marchand has lately described the liver of a phthisical patient, aged sixty years, which presented an unusual brownish-red colour associated with evident cirrhosis. The microscope showed an infiltration of the hepatic cells and of the interstitial connective tissue by pigmentary corpuscles, which gave the characteristic test for iron with yellow ferrocyanide. A chemical analysis showed that the ashes contained not less than 30 per cent. of iron. It has been supposed that the excess of iron is the result of an abnormal destruction of red blood-corpuscles in the organ, but it is open to question whether it is more than the result of the free administration of iron by the mouth.—*Lancet*.

OUR DUTY.<sup>1</sup>

By J. COMPTON BURNETT, M.D., Lecturer on Materia Medica to the London Homœopathic Hospital Medical School.

GENTLEMEN,—Although I shall offer no apology for appearing before you to-day to commence a course of lectures on Pharmacology specifically, of course, from the homœopathic standpoint, yet I must confess to a certain diffidence at finding myself in the position I now occupy. First of all, I follow two most able men, my distinguished colleagues, Dr. Hughes and Dr. Pope, and I might be fairly forgiven for harbouring a little fear lest I might fall short of their high standard, or of what is expected of me. Now I will admit that I may not equal either of my learned predecessors in this chair in knowledge or lecturing power, yet I do claim to equal them in my desire to do my duty. And what a word "*duty*" is! how it brings to our various minds memories of great deeds done in the world's arena! It is duty that places me here to-day; duty it is that brings many of you here also. You know the sentiment—

"I slept and dreamed that life was beauty,  
I awoke and found that life was '*duty*.'"

And yet there is a beauty in duty peculiarly its own—that moral beauty which makes one like to roam alone in the stillly eve or sit by oneself in the dark. When a man has done his duty purely and simply, he has a serene satisfaction not afforded by mere honour or public applause. Indeed, in this life, next to our holy religion, nothing will stand us in such good stead as a sweet consciousness of having done our duty. Who has not felt a thrill go through him when he thought of Trafalgar, where England did not vainly expect every man to do his duty. There every man did do his duty, and we are still reaping the blessings flowing therefrom.

As homœopaths, we need at times to dwell upon this sense of duty, for we are so persistently and malignantly persecuted and traduced that we need a mass of moral strength to bear up against its deteriorating influence. Did it ever strike you that the mere fact of being maligned tends to demoralise? Take the best child you know; tell him persistently he is a naughty boy; go on at it long enough, and he will cease to be good, and will become veritably a naughty boy. Now, in the lives of us bigger boys, of us adult children, it is pretty

<sup>1</sup> Being the Introductory Address delivered at the London Homœopathic Hospital, October 5, 1883.



much the same. If we are persistently told that we do a wrong thing in maintaining our independent position as medical reformers we by-and-by half believe it. Nay, some in our ranks have had it so long flung at them that they actually do believe it! You may positively hear veteran homœopaths practically pronounce against the work of their whole lives! The one cries out, "No sectarianism in medicine," and another almost dies of dread lest he should be thought a medical heretic! And altogether how unctuously do so many pray to be preserved from heresy and schism in their professional lives.

Let me, before we go any further, ask you what medical orthodoxy of the present age is. What is it? I say. In order to answer the question we must, I presume, take the great mass of the profession as the criterion of orthodoxy. It is not a question of the views—mostly privately expressed—of a few of the choice spirits of the profession, who associate with Prime Ministers and Poets Laureate, but rather a question of the views of the great mass of medical men up and down the land. Now, what is their *mental level*? Mark you, I do not say they are unkind, inhuman, dishonest, or unlettered. No, by no means. The average medical practitioner is a gentleman; he is kind, humane, honest, and fairly well instructed; many of them are really learned and scientists. But what is their *mental level*? So far as I know the profession—and I claim to know it well—the average mental level is *not* high.

Then, again, what of prejudice? I affirm that no body of educated men are more prejudiced than the medical profession; in fact, they are purblind with prejudice. It must therefore follow that to be now orthodox in the medical profession one must not be far up in the mental scale and one must be permeated with prejudice. If you have plenty of prejudice, and put out your thinking to be done by the hirelings of a few orthodox commercially-minded editors, then you may be medically happy, and being thus shriven, and sworn free from heresy and schism, become immortal by being enrolled a member of the British Medical Association.

There is another road to medical immortality, and that is by taking in the *Lancet* and studying its—well, its advertisements. There is one thing I have noticed—viz., that the worst practitioners I ever meet are the most diligent students of that venerable relict of a bloodthirsty age.

Gentlemen, do not think I am indulging in vituperation,

for that is not really what I am aiming at. I merely wish to point out that I do not admit, cannot admit, the competency of the tribunal before which homœopaths are usually summoned. The great mass of the profession simply follow the leader in a very sheep-like fashion, and they do not tolerate either independent thought or action. Taken in the bulk, they are both too prejudiced to be fair judges, and on too low a mental level. That is the average. I do not mean a few of the exceptionally gifted. Of the absolute ignorance of the medical profession of Homœopathy I need say nothing. You all know that the average medical man knows less than nothing of Homœopathy. I say less than nothing, because what the poor fellow thinks he knows is the veriest old woman's twaddle. Personally, I absolutely refuse to accept this mediocre medical mind, full of prejudice and crowned with ignorance (of Homœopathy), to be my judge. You may have him for your judge if you like, I will have none of him.

What egregious folly for medical reformers to expect the approval of those whom they seek to reform! Do you for one moment suppose that a huge trades-union could exist a day if the profession were composed of unprejudiced clear-headed thinkers? Let us suppose that the entire profession were to become imbued with genuine scientific Homœopathy all at once. Let us suppose this, and then tell me how long the *Lancet* would survive. Obviously it would die, and that speedily. I single out that journal as a type of tyranny; it panders to the impassioned prejudice of the mass of the profession, and mercilessly annihilates any attempt at independent thought, for the simple reason that freedom of thought within the profession would mean its own utter extinction. So we cannot refuse a certain sympathy with it as a commercial speculation; but how a profession like that of medicine can allow itself to be thus used is only explicable on the hypothesis that the great bulk of such profession are on a low mental level, and almost sheep-like in their lack of force and individuality. We need not dwell any longer on these points. I hope to have made manifest that the average hodiernal medical man is on such a dead level of mediocrity, and withal so prejudiced and ignorant of scientific Homœopathy, that his opinion on its merits is absolutely without value. And this being so, we cannot appeal to the medical profession in its present state on the subject of Homœopathy. We must seek another tribunal

before which our cause must be heard. But which? Can any one really judge of medical questions unless he be a medical man? No, I think not; but any person of sound common-sense can judge of results when put statistically, and sick people do know whether they get well or not in most cases. All questions of therapeutics must be judged on humanitarian grounds as first basis. What is not best for humanity cannot be best for the profession in a right sense. At present the profession exists as a trades-union, and acts on precisely the same lines as any other company of tradesmen, and the great crime of the homœopaths is that they are non-union men. They dare to think for themselves, and have to pay the price, and rightly so. I say rightly so, for if a man dare not think and act for himself, taking *God direct* for his judge, then in theology he had better sing that sweet chant of a weary mind, "*Lux benigna*," and go over to Rome and find rest in her for his troubled soul. Similarly in medicine, if a man cannot stand by himself, if he cannot think for himself, if he dare not be wise, taking his own conscience *direct* for his guide, and God for his judge, then he had better not study Homœopathy; he had better not aspire to the proud position of the free and independent practitioner of scientific medicine. He must remain a trades-unionistic sectarian of the dominant sect. For the spirit of the profession is essentially narrow and pre-eminently sectarian; numbers do not constitute catholicity.

In medicine as at present known to the world the only really catholic practitioner of medicine is the broad-minded scientific homœopath. He alone is not sectarian, but progressive and universal. As we go on, if you will do me the honour of listening to me, I shall hope to show you that we practise homœopathically not, as our calumniators tell you, because we are narrow sectarians and desirous of holding a distinctive position by ourselves, but because we have gone over the entire field of drug therapeutics, and *tried all* systems and methods. Mark you what I say, because this is very important. We have gone over all systems and methods of the drug treatment of disease, we have studied their various merits and demerits, and this in a genuinely catholic, non-sectarian spirit, and having thus covered the whole ground, we find Homœopathy *the best*. Let your minds dwell upon this point a little, for it alone explains the seeming paradox of our position. At the first blush it seems perfectly obvious that a medical man who adopts a peculiar

mode of practice must necessarily be a sectarian. We, as homœopaths, are bitterly reproached with this. Many of the best of the profession say to us, "Drop your name and all will be well, and the breach will be healed. We have no objection to *you*, but to your name." Then why not drop the name? I will tell you. *We cannot drop it, because Homœopathy is practically unknown to the bulk of the profession, and exists as a separate thing.* It is really not we who keep the name alive, but the ignorance of the profession of the subject. When the entire profession advances up to the present standpoint of Homœopathy, then the word medicine will include it; and having no separate existence, it could not in the nature of things have a name to go by except as the heading of a chapter in history. What Homœopathy now means is the most advanced point in therapeutics, and this extreme van cannot be given up till the entire profession have reached it. When we say we are homœopaths we do not mean that there is in medicine nothing else but Homœopathy, but we mean that in the curation of disease by medicines we have found the law of similars our *best* guide. We have arrived at this extreme point, not by springs and bounds or in a hurry, but after going over all the rest of the field and leaving that as less advantageous. Hence our being homœopaths is *not* the outcome of narrow sectarianism or love of a distinctive name from any motive whatsoever, but the result of a broad, eclectic, catholic survey of the entire field of therapeutics. We do not say there is nothing but our homœopathic advance point; by saying we are homœopaths we indicate our position in the great field of drug therapeutics, and in indicating our own we characterise the position of others. And our characterisation signifies that all other modes of using drugs are *far* behind us. We do not say the others have no existence; no, we merely say they, though true, are *far* behind us, and hence do not exist for us, just because we have something better—so much better that we wax warm in our zeal, we become enthusiastic, and beckon to our allopathic friends in the rear to come on, to press forward to where we *are*. Now our orthodox friends in the rear have no knowledge of the topography of the region occupied by our army in the van; they remain behind, where we used be lang syne, and steadfastly refuse to believe we are anywhere at all. We shout back to them that we are in a glorious country with immense resources, and ask them to join us and help us to occupy it

and cultivate it for the advantage of humanity, and therefore of us and of them. But they will not believe us. So remember that if any of you medical students aspire to be in the very van of therapeutic science, you *must* find yourselves with us. You cannot help it. Of course you may abjure the birthright of a free manhood and join the crypto-homœopaths. Well, they serve a purpose. So did Judas. And to whom, think you, comes the serene satisfaction of duty done? Not to the crypto-homœopaths, who merely serve as a kind of co-operative asses' bridge; they are what schoolboys call sneaks, and a sneak's reward is theirs. I envy them not. They will do nothing great, they will never feel great, they will never feel *noble*, they will never *be* great; for no sneak ever yet became great. That divine afflatus which makes a noble heart bound on to greatness of aim comes not to the sneaky crypto-homœopath. If we aim high we *may* mount to goodness and greatness of soul and deed, but the sneak is a miserable groveller even when at his highest. Some of you may not share these sentiments. Well, I am content to hold them with the choice few; or, if need be, alone. Now if the profession at present, for the reasons given, cannot be our judges, and if only medical men can be admitted judges of medical questions, how are the claims of Homœopathy to be settled? How is the world—*i.e.*, our fellow human beings—to know whether our opponents or we are right? The *only way at present* open to us is to show that Homœopathy cures better than other systems of drug treatment. Gentlemen, there is *no other way* open to us; either we must be false to therapeutic truth and to our common humanity, or we must follow this course till better times dawn, till the general profession advance to within speaking distance of us. What, do you say you would recommend an appeal *ad populum*? Did you not yourself admit that only medical men can adequately grasp the subject? Yes, I do admit that; but we must do our best, and our best *at present* is to convince the people, and so *compel* the profession to listen to us and give us fair play. But an appeal *ad populum* is beneath our dignity and is unprofessional. Well, if so, then that dignity is a false sheen and no reality, and the profession is an enemy of mankind. As for me, I will prefer the *mens conscia recti*, and will do my duty. You may hiss these sentiments if you like, but I hold them, and I will express them, and am prepared to stand or fall by them. What! do you tell me that I can hold that our Homœopathy

is a great life-saving truth, and yet I dare not proclaim it? What! Do you mean to tell me that Homœopathy cures disease better than any other known mode of drug healing, and yet I must hush it up because an interested, prejudiced editor calls it a "fad"? Do I read that Homœopathy minimises the hideous ravages of small-pox and robs cholera of its terrors, and yet I may not make it known? It is known to me—thanks to the immortal Hahnemann—thanks also to my honoured master and predecessor in this chair, Dr. Hughes—it is known to me that *Aconite* will jugulate a simple fever, and shall I seek to hide this knowledge—of which I and mine have the immense advantage—and thus hiding knowledge put myself on the level of a common nostrum-monger? Why should you and I have the boon of such knowledge and not others too? Are we priests of the dark ages, that we should band ourselves together to shut up the knowledge of the curative action of drugs, and our mode of finding it out, within our own magic Druidic circle that we call the profession? Do those of you who are such strong professionalists really mean that? If you do, then you are at liberty to burn my doctor's diploma, or throw it into the nearest gutter, for if that is the spirit of the profession of medicine I would rather be outside it. If that is really the aim of the medical profession it becomes in the aggregate merely a huge co-operative association of nostrum-sellers; and then to be professional must mean not to impart any knowledge to outsiders, to the end that profits may never grow less.

Gentlemen, that is a very ugly picture; but is it a faithful portrait? Is that the profession of medicine as you understand it? I think not. Now let us, as it were, depolarise the thing a little.

Two things are confounded—the profession and *professionalism*. I yield to no man in my love and respect—I might almost say veneration—for the medical profession properly so-called—i.e., as a *liberal* profession; but as a vulgar trades-union, which is its real level at present, I respect it not; nay, I hold it in the most absolute contempt—that is, its spirit. And as for the small-talk of the professionalists—well, human life is too short to allow of any time being wasted on it; professionalism is a bogey wherewith to frighten medical babies, and a mere tool in the hands of commercially-minded quasi-leaders of the profession, who serve their own ends and laugh in their sleeves at the *naïveté* of the band they exploit. The medical profession needs en-

lightening, it needs a little readjusting to suit the spirit of the age in which we live. Gentlemen, do you *realise* the fact that there is not a single medical society in the land in which a homœopath may stand up and relate how he succeeds in curing disease homœopathically? I say, do you *realise* that fact? You know it, but *do you realise it?*

Some of you are members of existing medical societies. Well, as members, just go and try to read a paper to your beloved and enlightened co-members, and what will happen? They will not listen to you at all, although you are learned doctors of medicine, and hence co-members of the medical profession—*pares inter pares*. How do you brook the insolence of this behaviour: prejudice and ignorance treating knowledge with such ill-mannered insolence?

The medical profession as at present constituted actually put a premium upon ignorance, and that, too, ignorance of the most vital and most important part of medicine itself—pharmaco-therapeutics.

But let us suppose you were to succeed in getting the subject of Homœopathy broached before one of your societies. I say *your* societies, because I will never be a member of any society at the price of my liberty. Let us then suppose you do get the subject of Homœopathy brought forward in one of your medical societies, how would your *confrères* treat it and you? Why, they would hoot and hiss like the enraged gods in the gallery of a theatre, and exhibit almost as much vulgar insolence. Was it not even so in Liverpool, at the last meeting of the British Medical Association? Some may have a profound respect for this the infallibility of prejudice and ignorance; to me it is a lamentable spectacle of human stupidity. And, for my own part, I decline to subject the ripe outcome of my medical life—my medical life's work—to such a tribunal. Personally, I would not even parley with them, but kick them aside as impediments to progress.

The profession loses its precious time in perennial puerilities, and refuses to grapple with really important questions; the question of questions in practical physic—*i.e.*, how best to cure disease by remedies.

The profession refuses us a hearing—good; then I say let Homœopathy be preached from the house-tops, it is our plain duty so to do. Some of you may not like these sentiments; but, depend upon it, if we were all to act persistently, and always in this spirit, with pluck and determination, we should soon have the profession bestirring itself; it would

hasten to pull down its long-closed shutters and let in the light and the spirit of freedom of the nineteenth century.

There are 7,000 homœopathic medical men in the world, and yet no homœopath can obtain a hearing in any medical society in this country. Are we true men to put up with this insolent intolerance?

Yet there are amongst us who still hope for salvation for Homœopathy from within the profession! My dear colleagues, how long do you expect to live? Without doubt we shall all be dead and, for the most part, forgotten before the profession will do anything for Homœopathy. To expect anything from the profession itself, voluntarily given, is to ignore the fundamental teachings of all history. Did ever a rotten guild ask to be reformed?

I prefer to reckon with realities, and not fritter away my few years hoping for what I can clearly see will never come. I hope for absolutely nothing from the profession itself as such and freely rendered.

Our foremost and firmest hope for Homœopathy lies in the hold it has of the people—ay, of the people! The good practical common-sense of the people is slowly and steadily realising the fact that sick people get well more quickly and better under homœopathic treatment than under aught else. Let me ask why it is that insurance offices look with especial favour upon the lives of homœopaths? Because they understand their business. There is not much sentimentality about life insurance, it is business. There is no concern with the people about the squabbles of doctors amongst themselves on points of doctrine; their concern is what cures best and most quickly.

We medical men are apt to suppose that the world is on tenter-hooks when we waste our lives discussing silly points of etiquette. The spectacle of one medical man refusing to meet another because of difference of opinion, is one that degrades us all in the eyes of the world.

The statement that our surest trust is in the common-sense of the people may not be a welcome one to us in the profession, but it is a fact, and I am dealing with that stubborn thing.

Then, next, the strongest bulwark of our reform is the homœopathic branch of the medical profession—few in numbers, it is true, but mighty in their sense of right and truth and duty.

Did time permit I would have liked to dilate a little on



the why of the smallness of our numbers, but it would lead too far afield.

In this great city we have a little home—here—and from this place flows an influence for good, a love of therapeutic truth *for its own sake*, that in the end cannot fail in doing its share in leavening the whole medical profession; for, although I maintain that our hope for the establishment of Homœopathy lies in its grip of the people, still Homœopathy cannot ever be really flourishing till the profession adopt it and diligently cultivate it, both for its own sake and also for its benefit to suffering humanity. Hence the *raison d'être* of this Hospital and of this School. The work done here is done for the profession primarily and principally. The great object of this important charity should be to afford a living example of practical Homœopathy, and to teach it to such as are sufficiently advanced in intelligence and mental culture to receive it. It is no use to sow wheat in pebbles and sand—it will not grow; and if you put it into poor, shallow soil it will not thrive—it will come to nothing. The very best wheat requires good and appropriate soil in order that it shall bear fruit. The quality of the grain is only one factor in the sum, for if the soil lacks the right quality there may be a seed-time, but there will be no harvest.

In coming here to-day it is my desire to bear my share of the work which is being done in this little home of Homœopathy, and as it is customary for lecturers to say a few introductory words, I thought I might choose the subject of "Our Duty." But I shall only be able to bring the Homœopathic wheat, and try to properly sow it; I cannot bring the soil too. Those of you who are enemies of this School have been very severe upon the various lecturers here because of their small audiences. I have heard a good many cheap jokes about it. As if the lecturers could suddenly turn the current of professional opinion! I think the very least all those engaged in the public work of Homœopathy should receive from their *homœopathic* colleagues should be helpful sympathy in their efforts at doing their duty. Hitherto I have always received the very kindest, most helpful sympathy from my colleagues, and more appreciation than I feel I deserve. I do hope to have this in a special manner in my endeavours in this School to aid in teaching an important branch of Homœopathy. My privilege will be to try to present the *Materia Medica* to such as shall listen to me from the homœopathic standpoint. To give a full course of lectures

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on pharmacology is at present out of the question. We hope to reach this point, however, by-and-by, and to obtain recognition for our lectures.

The time allotted to me will not admit of my doing more than offering you "*Rough Sketches from the Homœopathic Materia Medica*"—its very vastness renders anything more impossible.

Indeed so vast is our *Materia Medica* that it has been very seriously questioned whether it can be advantageously taught at all in lectures. I think this is an erroneous view, and I will tell you why. There is a great difference between the spoken word and the written word. In the spoken word we may get some of the living individuality of the speaker, helping to impress dry and difficult details on the memory, and then the ear comes as an extra sense to help the student. And if the lecturer can establish a psychic touch between himself and his hearers, the most dry and apparently uninteresting subject takes on vitality. If you will help me with your sympathy I will try to make the dry bones of our pharmacology live. I say I will try, for the task is very difficult, and the man who tries his best has done his duty.

It will be my aim to present, as it were, the spirit of the thing to your minds rather than the actual symptomatic details, and this I propose to do, not as a teacher, but rather as a fellow-student who may be a little ahead of you, but who is still a fellow-student. You should know that there is this peculiar characteristic of the Homœopathic *Materia Medica*—that no one can know it all. The very biggest memory cannot contain it all. There is a funny little notion about in the minds of some simple people—principally of medical men and medical students—that Homœopathy means a little book and a few little medicines in a little box, such as may be seen in the possession of some good-natured old ladies almost everywhere. And this childish little notion has actually deterred many medical students from embracing Homœopathy! Their feelings have been about thus: What! shall I identify myself with a system of medicine that any old lady seems to understand, and in which Aunt Sarah seems so proficient? Perish the thought that I, who aspire to being a learned disciple of *Æsculapius*, should so far forget the dignity of my profession as to become a homœopath, and thus be considered by dear old Aunt Sarah as a kind of medical colleague. Why I

verily believe Aunt Sarah would expect me to meet her in consultation on old Mrs. Jones's bad leg!

Beyond doubt domestic Homœopathy has very materially retarded the advance of Homœopathy within the profession. What does all this mean? Let me make use of an illustration. Almost any ignorant nigger can learn to speak English after a fashion in a short space of time. But has any one here a complete knowledge of the English tongue? Almost any one may, of course, learn the use of a few homœopathic remedies—simples, I had almost said—but giant minds have studied and practised Homœopathy for forty and fifty years, and were then still but humble students thereof. The great Hering was never a more earnest or diligent student of Homœopathy than when he died, after having studied Homœopathy for more than half a century.

We have illustrious men in our ranks who have studied Homœopathy these forty years, and who are still its eager students. The old lady's little book and box bear the same relation to Homœopathy as does my little garden to the whole world. I just touch upon this evil tendency of domestic Homœopathy because it has actually deterred some seekers after medical truth from investigating Homœopathy.

I have spent ten years of the prime of my life in studying Homœopathy, and I confess to knowing only a little as yet. Still, I feel I can more than tolerate dear old Aunt Sarah and her little book and box of globules. Her knowing a little, and doing a little good, do not prevent my knowing and doing more. That, I hope, will be your standpoint in your practical life; for, remember that the really useful work done by lay homœopaths is a thing of which we ought to feel proud. The idea that laymen can ever really compete with professionals in *any* walk of life is the merest nonsense. You may manage to write out a simple will, or copy the form of a lease, but everybody knows that he who is his own lawyer as a rule has a fool for his client. Similarly, any one may take a little *Aconite* for a feverish attack, or some *Nux* for his indigestion, but he who is his own doctor has most commonly a fool for his patient.

We ought not to object to the laity sharing a little of our knowledge, or to their criticisms of our clinical work. Do none of you ever preach the gospel? And if you do, do you realise that, in the eyes of some, you are theological quacks? You listen to sermons on Sundays, and consider yourselves very competent judges of preaching and sermons, although

you are only laymen from the clerical standpoint. I know a prominent physician who is very vexed if a patient of his takes a dose of medicine without his leave, but nevertheless this intolerant doctor preaches regularly every Sunday, without considering the feelings of the bishop of the diocese; in fact, he thinks he could put the poor bishop up to a thing or two in divinity if the bishop would only come and listen to him (the physician) preach.

So if Aunt Sarah with her little book and box should sometimes think you might learn a medical lesson or two from her, do not forget it is only a part of ordinary human nature all round in all walks of life, and by no means peculiar to domestic Homœopathy. Much harm has been done by taking a one-sided view of this, and supposing that Homœopathy means domestic medicine, which is absurd. I touch upon these points as a part of my duty in initiating those of you who intend hearing me during the ensuing session.

Although I more than tolerate Aunt Sarah as the representative of domestic medicine, and am quite prepared to share with intelligent laymen and laywomen just as much as they can learn of Homœopathy, still you will find it is really but *very* little. And although I persist in maintaining that the hope of Homœopathy lies in its power over the people, yet the people cannot develop Homœopathy; the people know it really only in its effects and results. Neither can the people practise it, though a few may dabble in it with more or less success, according to their intelligence, skill, and industry. Homœopathy can only be practised and developed by the profession. But the profession will not listen to its claims. Then, what is to be done: what is, in fact, *our duty*?

I fear you are all weary of listening to me, but I want to dwell on two particular points of what I conceive to be our duty.

First we must seek to instruct medical students and young medical men in scientific Homœopathy. Here in the London Homœopathic Hospital and Medical School this is being done to the best of our powers. We must not despise the days of small things. We homœopaths hold the biggest trump card—the law of similars—and it must win. The world *must* have Homœopathy because people get ill and must have medical treatment, and Homœopathy is by far the best known to the world. I am speaking of what I know, having tried all

known systems of drug-healing ; if any of you know of something in curative medicine better than Homœopathy, I beg of you to give lectures on the same, and allow me to be one of your hearers.

You will notice that we here shall not ask you to swear by any master or to take anything for granted. We shall tell you of what others before have found, of what we find, and we shall say, now try yourselves and see what you find. We, as homœopaths, are not granted any liberty ; well, we *take it* as our just right. We really represent in medicine not merely the law of similars in therapeutics, but therapeutic freedom. It is this spirit of freedom of thought and action that very much helps to bind homœopaths together all the world over. In all human activities it is not merely what we do, but the spirit in which we do it. Throughout the world homœopathic practitioners represent liberty in therapeutics. Of course we have a share of ignorant intolerance, but it is quite exceptional to find a homœopathic physician siding against medical liberty. It is not nominal liberty I mean, but real potential liberty, which always implies equality on some given point.

Hence we hold it to be our duty to teach Homœopathy, and to inculcate liberty of thought and deed in matters therapeutic.

Nothing thrives without freedom, and having constantly to fight for our medical freedom, we have a strong love for it, and seek to cultivate it in others.

Not only do I hold very strongly that it is our sacred duty to preach and teach Homœopathy, because it is the best known system of drug therapeutics, but I hold no less firmly that it is our duty to insist upon it that Homœopathy is the most important part of *all* medical education. I maintain that a man who is ignorant of Homœopathy is not fit to be allowed to practise medicine at all.

Practical medicine means primarily healing the sick by medicines, or it means nothing. By far the best way of healing the sick by medicines is that according to the homœopathic law. Ordinary medicine is therefore medicine with the most important part left out—it is the play "Hamlet" with Hamlet left out.

It should therefore be our privilege and duty not only to preach and teach Homœopathy, but also to insist that every medical student should be called upon to show a competent knowledge of the drug treatment of disease

according to the law of similars. And I believe this is the line on which we shall win in the end. We shall win the people more and more, not because of our merits or of our abilities, *but because Homœopathy cures better than anything else.* The people are more and more persuaded of this, and we shall by-and-by have the people insisting that Homœopathy shall be added to the ordinary medical curriculum as a necessary part of practical medicine; then they will insist that it shall be one of the subjects of examination for the degree in medicine or the State's examination, as the case may be. I insist that a medical man who is ignorant of Homœopathy is medically only half educated, and should not be allowed to practise until he have shown a competent knowledge of homœopathic medicine. I am not speaking of the line of practice a man should follow. I would not infringe any man's liberty in the least, but to me a medical man ignorant of Homœopathy is a medical ignoramus, whatever he may know about other things. Holding this view, I must hold it to be a duty to call upon the people to insist that a man ignorant of Homœopathy is unfit to practise medicine.

Were I in the House of Commons I should every year bring before the House the absolute necessity of rendering Homœopathy compulsory on all students of medicine just as much as anatomy and physiology. I do not mean that it should supplant anything, but it should be added to the ordinary curriculum.

Thus, gentlemen, what I conceive to be our duty is to preach Homœopathy, to teach it, and to insist that it shall constitute a part of the ordinary medical curriculum. These are, it seems to me, very moderate demands—demands that are imperative alike in the interests of sick humanity and of medical, and therefore human, progress.

Before I sit down, let me point out to those of you who may be contemplating an investigation of the claims of Homœopathy and a study of its *Materia Medica*, that we so-called homœopaths have no more interest in Homœopathy than you or any one else. There is a vague notion about that it is to our peculiar interest to propagate Homœopathy, and our opponents write and act as if it were so. They even impute to us various motives—all of the most impure kind, of course—to account for our advocacy of Homœopathy. I need not go over them; they are as familiar as household words, and all as silly as they are false.

Let me tell you who may be thinking of joining the homœopathic ranks, that you will find that the reason why we are homœopaths—the reason why we preach Homœopathy—the reason why we practise it and teach it—is just because it is

### OUR DUTY.

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## THE PHYSIOLOGICAL EFFECTS OF COFFEE.

DR. FOOT (*Bull. Gen. de Therap.* June 30) gives us the effects of a strong dose of coffee upon his own person after recording his condition for fifteen days of total abstinence from coffee, and follows his record of the effects of the strong dose, by noting the influence of two cups of strong coffee daily for twenty-five days. The most interesting part of his paper is his record of the effects of the strong dose. At the time of taking it, his pulse was seventy-two in the morning, reaching eighty-four during the day. He made an infusion of over eight ounces of coffee in a quart of boiling water, drinking the whole of it during the day from 7 a.m. to 9 p.m. During that day the pulse increased in rapidity to 108 in the afternoon; in the evening it reached 114. He went to bed at 11 p.m., but could not sleep; reflex contractions were produced in nearly every part of the body alternately. Very painful cramps in the thighs, legs, feet, walls of the thorax and in the muscles of the hyoid region. These cramps persisted throughout the night, but moderated in severity on the following morning. The tongue was dry and there was a certain degree of constriction in the chest. At the same time there were frequent cramps in the stomach accompanied with nausea. The intestines were the seat of frequent borborygmus, and of an abundant liquid secretion which produced eighteen evacuations. The pulse kept between 110 and 112 through the night. It was intermittent, as was the heart's action, losing one pulsation to every four. The next day the pulse was seventy-six, there was headache and no appetite.

In this experiment, then, the coffee acted on the organs and functions of the central cerebro-spinal system, producing insomnia by exciting the brain, producing the cramps in the muscles, pains in the stomach, disturbance of the intestine and of the heart by exciting the spinal cord, an excitation

of the reflex force or excito-motor. He considers that this irritation affects equally the spinal roots of the sympathetic, and in paralysing the vaso-motor nerves. In this way explanation is given of the cause of the excessive secretion from the intestine and of the abolition of sexual power.

His other experiments with moderate doses, prove to his satisfaction, that the use of coffee does not prevent advanced age and the preservation of good health ; and that life seems to be prolonged in the countries where coffee is much used.

[This is interesting to our readers from an allopathic standpoint, as it shows that our regular (?) friends are not unmindful of the action of some agents on the human system.—Ed. *St Louis Clinical Review.*]

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### GERHARDT ON JAUNDICE.

THE whitish-yellow fæces which are characteristic of jaundice have been frequently investigated, but no reference has ever been made, so far as we know, to the following peculiarity which Gerhardt here describes. On microscopic examination he found that such fæces contained a mass of needle-shaped crystals which very closely resemble those of tyrosin, along with bales of leucin. When the fæculent matter is shaken up with water, the mixture forms four layers—the uppermost, which is thin and milk-white, consisting almost entirely of fat globules, the other three containing the crystals mentioned. If a portion be removed, boiled with water, and filtered, the filtrate gives the tyrosin reaction with Millon's reagent, becoming red and giving a red precipitate. The patients whose fæces Gerhardt thus investigated suffered from catarrhal jaundice, and it is not clear whether the common bile duct only was obstructed, or whether in addition there was occlusion of the pancreatic duct. It is, therefore, a question whether the presence of crystals of leucin and tyrosin in the fæces was due to the unhindered action of gastric juice in the intestines, to the presence or absence of pancreatic juice without the accompanying bile, or was only the result of the decomposition of animal food in the intestines. In one case Gerhardt found these crystals when no jaundice was present—viz., in a very emaciated girl suffering from tubercular peritonitis.



## NEW USES OF CACTUS.

By R. E. KUNZE, M.D.

FREQUENTLY during the last few years have I been thus addressed: "Doctor, why don't you give us your experience on Cactus?" or, "Why do you not write up the properties of *Cereus grandiflorus* and *C. Bonplandii*?" to be varied perhaps by the exclamation of "What is there new about Cactus?" without specifying the kind, and so on. To aimlessly continue a thoroughly written-up subject is as much out of place as being bored by a tract-distributing missionary, a life insurance agent, a lightning-rod speculator, or any other public nuisance that makes his appearance in a man's sanctuary.

I simply aim to give a new version for the employment of Cactus in a broader sense than the remedial, be that wise or otherwise.

It seems that many of my friends, who now know as much about these plants as I do, are unwilling to put themselves on record. But some of them would be willing to load my gun and give me the privilege to fire it off! Now, gentlemen, even before I was crippled have I been able to dispose of my own ammunition, and bag the game, and if hard pushed, could do it over again. One gets tired of too much sameness. The subject had weighed me down for years, such as can only be compared to an incubus—a nightmare ridden very hard at all hours, and a troublesome companion to shake off.

To dwell on Cactus once more, calls up to the mind past events both of gladness and sadness—of an epoch in my life. It is an old saying, there are no roses without thorns. The world knows that Cacti are thorny enough. While investigating the Cactus family, including ten of the best years of my life, I discovered, figuratively speaking, that that pleasure, too, was not without its thorn. "Cactus-man," the world has dubbed me; whether right or wrongfully, is of no account. But "Cactus" has left its mark on the individual, one never to be forgotten by an ambitious mortal. A crippled right hand bears testimony.

As most of my labours on that subject have been fully recorded in the volumes of the *Medical Eclectic*, of 1873—77, and in the *Transactions of the Eclectic Medical Society of the State of New York*, for the years of 1875—1881, I would refer all future inquiries to those publications. Yet, does it not seem strange, that one should read in the fifteenth

edition of the *United States Dispensatory*, under the head of *Cactus grandiflora*, page 1593, the following remarks about so valuable a drug, to wit:

"Dr. R. E. Kunze confirms the statements of the value of the cactus in cardiac disease, using it with asserted good in angina pectoris and various organic disorders. He gives the tincture in doses of twenty drops (*New Preparations*, Vol. II.). We have made some trial of it, without being able to perceive an effect from it."

Now, was that failure due to a poor quality of the drug used? Or was it due to a wrong kind of a drug used in the case referred to? It cannot have been in consequence of a wrong diagnosis made by so high an authority; that would be out of the question. The fault must have wholly existed with the dispenser of the drug, if not the manufacturer of the medicine used. And this is another reason why I would caution physicians to be more painstaking when prescribing or purchasing this drug, and to see that they obtain the right article of the many *Cactus* preparations offered for sale.

A delightful perfume for toilet purposes, and known as *Night-blooming Cereus*, was at one time much in use, and introduced to the public under peculiar circumstances. It is twenty-five years ago since Phalon, at that time "the" perfumer of Broadway, in this city, made the attempt to artificially reproduce the fragrant odour of the *Night-blooming Cereus*, or "*Queen of the Night*." In point of money-making it was quite a success. But at the same time, a cruel joke was practised on the consumers of the article, which would have reflected credit on the king of showmen of the land of wooden nutmegs and shoe-pegs. The label on the bottle represented the flower of *Cereus grandiflorus*, surrounded by the leaves of a *Cattleya*, an orchidaceous air-plant, because, as Mr. Phalon informed an acquaintance of the writer's, who furnished him a specimen for the design, the bare, spiny stems of a *Cereus* would not be quite so attractive on a thing of that kind.

Was it not a shame that so beautiful a child of nature should have been exposed to public view in a borrowed dress? How differently it is referred to by Lucy Hooper, in her touching lines of

WEALTH OF TRUE AFFECTION.

"Such is my love for thee, a hidden dream  
In the bright day of thy prosperity;  
Alone its pure and fragrant buds shall gleam  
In the deep night of thine adversity."

Our sentimental poet was not aware of the fact, that the buds of the night-blooming, as well as all other kinds of night-flowering Cerei and Phyllocacti, in every stage of their growth, are entirely devoid of fragrance. In fact it is known to a very few observers, that these flowers when fragrant, emit their perfume from the time only when fully expanded. Fewer still appear to know, that their odour cannot be extracted by alcohol, and that if wanted, it may be artificially made like that of the violet, frangipanni, and rondeletia.

In this paper, the name of *Cactus* is referred to in a general sense, of which plants in the good old days of Linnæus only a few species were known, of what is now the very extensive order of *Cactaceæ*, comprising as it does genera, not to say species, which are as different from one another in habit and appearance, as a mouse is from a Rocky Mountain goat. To say that now about 1,400 species and varieties of plants vulgarly called cactuses, are known to botanists and cultivators, would be coming nearer the truth than to assert that the allopathic and homœopathic schools of medicine were the most learned in this land of knaves.

The physician that wants to be conventional, not to say more nice than wise, in speaking of the "original Cactus" in a remedial sense, should always put it thus: *Cactus grandiflora*, Linn., or *Cactus grandiflorus* as now written by every one acquainted with the botanical nomenclature of old. Fossil scientists are content with the things of a bygone-period, while progressive men embrace the more modern ideas of our age. Therefore, all well-read, not to say well-bred practitioners of medicine, discard the old Linnæan nomenclature and classification of plants, and now write *Cereus grandiflorus*, De Candolle, *not* grandiflora, when they wish to prescribe Night-blooming Cereus. Under the natural system of plants, that of Jussieu, we have no such a genus as Cactus, and the plant was re-named and placed under the genus of Cereus by De Candolle, who retained for it the old specific name of grandiflorus. So much for the history of the name of this plant.

I have often alluded to the flagrant injustice done our botanical nomenclature, but it is like teaching new tricks to an old canine, in attempting to bring about a radical change. Physicians should bear in mind that there are a number of Cactuses or Cacti, bearing the specific name of "grandiflorus," whereas in a generic sense they may be ranked with either *Cereus*, *Mamillaria*, *Pereskia*, or *Rhipsalis*, all of which claim

such a species, and yet are four different and distinct genera of Cactaceæ. This order of plants, according to Lemaire's classification, now consists of ten tribes and thirty genera—a number of the latter comprising hundreds of different species. It would be out of place here to enumerate all the classifications of the Cactus family, because that is of interest only to the botanist proper.

Then we have Labouret's classification of Cactaceæ, who recognises two tribes of such plants, which contain eight genera, and are sub-divided into nineteen sub-genera. Inasmuch as Labouret's classification has been followed more than any other, I subjoin for the benefit of physicians and pharmacists, who care to know a little more of botany than the average of mortals does, his list of sub-genera, to wit: *Melocactus*, *Mamillaria*, *Pelecyphora*, *Anhalonium*, *Leuchtenbergia*, *Discocactus*, *Echinocactus*, *Pilocereus*, *Echinopsis*, *Cereus*, *Phyllocactus*, *Disisocactus*, *Epiphyllum*, *Rhipsalis*, *Pfeiffera*, *Lepismium*, *Nopalea*, *Opuntia*, and *Pereskia*.

Again we find a classification of Cels, who has given us nine genera, and arranged the latter into thirty-six subdivisions or sub-genera. And still we have other classifications, such as those of Fœrster, Salm-Dyck, and Engelmann, all of whom are well-known authorities on Cactaceæ. I do hope that medical men will perceive why there is so much need of being more particular in designating the *proper name* for any species of a Cactaceous plant they may wish to use.

Again I say, that a doctor who writes "*Cactus grandiflorus*," without referring it to Linnæus, carries his botanical ignorance to open market, all the medical authorities notwithstanding, and exposes himself to public criticism. It is no excuse to say that the authors of our dispensaries or pharmacopœias do likewise. Wilful ignorance is criminal. And then it is wrong to give tricky manufacturers and dispensers of medicine a chance to substitute other species of plants for the one called for, which is quite likely to happen whenever there exists a confusion of names.

Always speak and write *Cereus grandiflorus*, when the true night-blooming, vanilla-scented *Cereus* is referred to. Taking odour and size into consideration, there is only *one* such.

The same trouble exists with other species of *Cereus* which are used in medicine. For instance, *Cereus Bonplandii* has made its appearance in the catalogues of some dubious manufacturers of fluid extracts under an entirely new name, that of "*Cactus Bonplandii*," which in the old system of Linnæus

stands for a prickly pear, and now more properly known as *Opuntia Bonplandii*, Mittler. Our *Cereus Bonplandii* or Bonpland's *Cereus* never existed in the Linnæan classification of Cacti! Just imagine, gentlemen, how easy it would be for a disreputable man to substitute the one common plant for the other and more rare specimen, in the manufacture of fluid extracts. Should this not open your eyes, and cause you to reflect, why sometimes you may have failed to realise the prompt action of that sovereign remedy in cases properly diagnosticated? Enough said.

Reared by an horticultural sire, and having been surrounded by plants of every clime ever since I drew my first breath, I may be pardoned for remarking, that I believed to have had a fair knowledge of the manifold uses of all kinds of plants. And it is barely possible that the medical profession will concede that I know something of *Cactus*—because I have known many genera for over forty-three years, and have studied the medicinal properties of a dozen species, and including three genera, for almost fifteen years since first using them in the practice of medicine.

Yet while contemplating on the "new uses of *Cactus*," I was startled to see in the columns of the *New York Herald*, under date of March 26, 1883, the following telegraphic despatch, giving an entirely new application for the use of *Cactus*. I reproduce the entire article, to wit:—

#### "FANATICAL SELF-TORTURERS.

"A SECT WHO BELIEVE IN ATONEMENT FOR SIN BY  
LACERATING THEIR BODIES.

"Denver, Col., March 25, 1883.

"There are in the Territory of New Mexico about two thousand persons belonging to the 'Hermanos Penitentes,' a fanatical religious sect, who believe in the periodical atonement for sin by inflicting on their bodies agonising tortures. They were originally connected with the Roman Catholic Church, but Archbishop Laney, shocked by their barbarous cruelties, promulgated a decree banishing them from that communion. Its membership has greatly decreased since, and those now belonging to the Order reside principally in but four counties of the Territory. Great care is taken to prevent the discovery of their identity, all being masked. While conducting their annual penance, the devotees often travel hundreds of miles to undergo the prescribed tortures. Los Griegos, a small

Mexican village near Albuquerque, boasts of the great body of the penitents. Yesterday morning their ceremonies were inaugurated by an introductory procession containing about thirty men and women.

“BARBAROUS PROCEEDINGS.

“The process of purification by torture began at ten o’clock. Five men, naked to the waist, barefooted, and wearing black robes and hoods that completely concealed their identity, were seen to issue above the lodge house of the sect, led by a master of ceremonies, who carried a genuine cat-o’-nine-tails. Two huge wooden crosses, weighing 250 pounds each, were placed on the shoulders of two of the self-torturers. The sharp edges cut into the naked flesh, causing the blood to spurt out and drop to the ground. One penitent produced a sharp goad, which he thrust into the flesh of his fellow-sufferers from time to time, while the procession moved up the street, singing a wild chant in Spanish. Halting once, the crosses were transferred to the shoulders of others, the attendants meanwhile applying their raw-hide whips mercilessly, each blow taking off skin and bits of flesh. The procession again started, and took its way to the goal, half a mile distant. During the march not a groan was heard, nor was a word spoken, but just before reaching the goal, a small adobe hut, an ordeal was encountered which tried the nerves of the boldest.

“SICKENING SCENES.

“For some distance before the door cactus plants had been thickly strewn upon the ground, and as the barefooted cross-bearers approached it one hesitated. Instantly half a dozen whips descended upon his bare shoulders, and with a bound he sprang into the thorny plants, his every step and the footsteps of his followers being marked with blood. As the torture grew more terrible, the chant grew louder and the thongs fell with more vigour. Reaching the door of the house, the procession was lost sight of, a sentinel guarding the entrance, and only broken whips and poles and blood bear witness to what transpired within. Issuing from the house, the procession re-formed and returned to their house of worship, and so the horrifying exercises continued, one band of penitents succeeding another until night, when a grand procession and chant wound up the exercises for the day. During these marches to and from the house of refuge, the

scene at times was too sickening for description. Powerful men submitted their bodies to the most merciless flagellation, until, in some instances, the bare muscle was seen quivering at every blow.

"The whole proceeding was a savage attempt to honour the Easter season. Hitherto the law has made no attempt to check these wild exercises, although once a penitent who threw another bearing a cross into the river near San Juan and drowned him was lynched by the infuriated spectators."

Here, in the East, we have too many insane asylums for the public good, whereas on the other side of the "Rockies," the people are much more in need of such. In the above paragraph we see demonstrated the *vulnerable* properties of Cactus. In a future article I will briefly refer to the effects of some of the same plants considered from a *vulnerary* point of view, and to prove that in action they are truly homœopathic even if viewed in a vulgar sense.

Another new and better use of Cactus, would be the following, which is copied from the *San Francisco Chronicle*, and reads as here follows: "Los Angeles, March 3, 1881.—A great discovery has been made on the Mojave Desert, which seems destined to revolutionise viticulture in Southern California. It has been found that grape-cuttings inserted in the trunks of the Cacti on the desert grow and thrive as vigorously as in cultivated land. This fact is of great importance to the people. By the use of a chisel, a man can plant a large vineyard in a day, and the vine so planted will climb the Cactus, and grow luxuriously without cultivation or irrigation. The dry, hot sands of the desert will afford a fine place for drying raisins. In addition to grapes, it has been proved that melons, cucumbers, and tomatoes will grow from Cactus stock, so that the desert may soon bloom as the rose."

Such talk sounds very good, but distance lends a little enchantment to the view. We know that Cacti store up a large amount of water, to enable them to withstand the torrid conditions of a tropical desert. For such reasons, Bernardin de St. Pierre has aptly called them the "Springs of the Desert." The wild ass of the Llanos, too, knows well how to avail himself of these plants. In the dry season, when all animal life flees from the glowing Pampas, when Cayman and boa sink into death-like sleep in the dried-up mud, the wild ass alone, traversing the steppe, knows how to guard against thirst, cautiously stripping off the dangerous spines

of the *Melocactus* (Melon Cactus) with his hoof, and then in safety sucking the cooling vegetable juice.

Yet Cactus is turned to another very practical use in the arid-regions of our Pacific States and Territories. I have recently read with much interest how the muddy water found in small pools of the desert, and often at great distances from one another, may be clarified so that a traveller can quench his thirst. The account states that such pools, strictly speaking, do not contain much water at all, and only from dire necessity will a traveller partake of the same, because reptiles in any number find a hiding-place therein. If one is lucky enough to find such a pool after a weary day's march, he will discover perhaps that it is not more than twelve or eighteen inches in depth, and filled, say, with one-third of a dirty-looking scum, one-third of liquid mud, and another of snakes, most of which belong to the rattlesnake species, and the contents all well churned up together! In lower California, and other desert regions, it is said not to be an uncommon sight, although I admit the above account may have been a little tampered with. However, Cactus and *Crotalus* (rattlesnake) are nearly always in close proximity. Are they not found side by side on the Mexican escutcheon? But to return to my narrative. A traveller will now take some pieces of Cactus from a prickly-pear bush, or any other genus near at hand, and with his knife, or machete, such as is used in cutting chapparal, chop it all up into fine pieces, which are then thrown into the dirty pool. As the pieces sink, they carry nearly all the impurities with them to the bottom, and make the warm, nauseous liquid a little more endurable to a thirsty mortal.

This process of clarification is in accordance with that employed in clarifying new wines and other turbid liquors, where a solution of isinglass is employed for the same purpose. Cactus contains very much of mucilage like *ulmus fulva*, and it is this gummy substance which may be called a good clarifier for such a purpose. I have now given the fanatical, economical, and sanitary uses of Cactus, and reserve all further remarks on the vulnerary properties of *Opuntia* for another occasion.—*Medical Tribune* for August, 1883.



## CASE OF ACUTE OEDEMA OF THE LUNGS AND OF SUBCUTANEOUS AREOLAR TISSUE, WITH ALBUMINURIA.—CURE.

By DR. HARMAR SMITH.

MR. —, schoolmaster, Ramsgate, æt. 45. During the intervals of his scholastic duties he is in the habit of acting as cicerone to continental tourists, especially when they wish to explore the territories of our pacific Gallic neighbours. On the homeward journey from a tour of this description during August, 1882, he was put into a damp bed at Calais. The first effect of the chill thus produced was a severe "bursting" headache followed by prostration.

When I visited him on the 26th of this month he had been unwell a week, and his illness had now culminated in the following symptoms:—Frequent shivering fits, slight œdema of the face, with deadly paleness; pulse small and wiry, 72; temperature normal.

Physical signs:—General slight crepitant *rûle*, though respiratory murmur heard here and there as well; crepitus loudest behind, fainter towards bases, where there is slight dullness on percussion; heart's impulse not perceptible, sounds rhythmical but muffled.

Tinct. *Phos.* 4x, one drop every four hours. *Liq. Arsenicalis*, one-third of a drop, in alternation.

27th. First observed that there was slight œdema of the feet and ankles. Continue medicines.

28th. Urine loaded with albumen. *General hot bath* 100°.

Was visited in the afternoon by a London colleague who happened to be in Ramsgate. He diagnosed effusion into the right pleura, and recommended *Bryonia* in addition to the other medicines. This, however, was not confirmed by further observation, and the *Bryonia* was discontinued in a day or two.

I found my patient in the evening profusely perspiring as the result of the hot bath.

29th. Feels somewhat better. Respiration 28, pulse 80; urine scanty, high-coloured, and albuminous. Continue medicines.

30th. Respiration 23, crepitation rather more coarse at right base in front; dullness on percussion at both anterior bases.

31st. Respiration 21, pulse 80; passing more urine, which is still albuminous. Continue *Ars.* and *Phos.*

September 3rd. Respiration 15; urine still albuminous,

M M

but acid, and passes a larger quantity. Continue medicines.  
7th. Further improvement; came downstairs.

13th. Convalescent, but weak; respiration 15. Omit *Arsenicum* and take *Ferri. Pyrophos.*

17th. Respiration normal, albumen in urine very much less, but did not entirely disappear for another week or two.

South View House, Ramsgate, Sept. 14, 1883.

## AMMONIACUM IN BRONCHITIC COUGH.

By J. FOSTER, M.D.

AMONG the old remedies which one employed with benefit in allopathic days are some which have met with but slight recognition from both schools, and others which have lain almost entirely out of the field of homœopathic usage. In the latter class may be found the gum-resin, *Ammoniacum*. Observations are yet wanting on the precise differences in the action on the respiratory system between it and the series of Balsams with which it appears to be nearly allied, as Peru, Benzoin, Tolu, and Styrax, and especially the two last; nor does much light from the past come to us here, particularly as more than one of the series would be apt to find its way into the same prescription, or to get variously combined. In the following cases it has not been found that *Ammoniacum* has adapted itself to the treatment of any special nomenclature of morbid conditions more than any other drug, but they may perhaps give some indications of the special rôle of its symptomatic action.

S. J., a widow, aged sixty-three, tall and thin, a native of the Isle of Skye, the subject of alternate attacks of bronchitis and of rheumatism of the larger joints, had hacking cough coming on at something like hourly intervals, accompanied with difficult expectoration of stringy, tenacious mucus. The shaking of the cough produced considerable temporary exhaustion, and she had been unable to lie down in bed for nine or ten years. Bowels had acted only with purgatives for almost the entire period. From the first dose of *Ammoniacum* 3 she experienced relief, and was able on the third day to lie down in bed; the expectoration became freer, and she got well. Stool daily.

M. S., aged thirty, a Hungarian officer, rather spare, and of medium height, had first contracted bronchitis from chill

acquired when on active service in the struggle for the Austrian occupation of Bosnia. He had ever since, unaffected by the season, very violent attacks of cough, occurring every two hours, from ten in the evening till six in the morning. Expectoration lumpy; obliged to rise when the cough came on, and unable again to lie down for half an hour after it had subsided. Stool every three days with straining. Immediate relief from *Ammoniacum* 30, expectoration abated, and in a fortnight was quite well, with daily stools.

L. G., a blonde of twenty-two, had bronchial cough, ascribed to the date of the first menstruation seven years before, but apparently rather from whooping-cough at her fifth year. Cough was unfortunately induced whenever she wore a low dress or from very slight exposure. The attacks came on at frequent intervals, shaking the entire body and making her snatch at the upper sternum as if she would free something with her hands. The cough was both noisy and indicative of much distress. Weakness of voice, lasting for five or ten minutes, occurred after coughing. Expectoration was thin and yellowish. *Ammoniacum* 12 eased the cough and the substernal discomfort on the first day, and she has passed a winter without inconvenience from the use of ball-dresses, or from other circumstances of ordinary life.

R. D., a baker, forty-seven years of age, had carelessly exposed himself to alternations of heat and cold till he became the subject of confirmed bronchitis. This he described as always yielding to *Ant.-Tart.*, till the severe weather of the early weeks of 1881 threw him down in a state which refused to submit to his favourite remedy. He had bronchiectasis, and the cough was very teasing at frequent but regular intervals, ending with yellow, stringy expectoration, and producing a great amount of weakness. Stools every four days. *Ammoniacum* 3 promptly relieved the cough and freed the expectoration, and produced daily stools. The two subsequent winters have brought on ordinary attacks, and these have rapidly been subdued by *Ammoniacum*.

A. L. T., single, fifty-one years of age, short and stout, had bronchial cough induced by damp under any conditions, whether dampness of soil, of atmosphere, or of neighbourhood of water, but entirely unaffected by cold. Had been subject to it about thirteen years, and had originally acquired it during a winter residence at the lakes. Inhala-

tions merely of steam had almost driven her frantic. Smoking *Stramonium* cigarettes had relieved her slightly, and this she ascribed to the drier air or smoke, as the same relief was experienced from a close stove or hot-air pipes in a room. A rasping cough occurred at intervals of about an hour, and ended with expectoration of glairy mucus. Under *Ammoniacum* 1 she was freed from the cough in all weathers, and was eventually able to choose her residence on a clayey soil near a large body of water.

S. V. O., a girl five years of age, of stunted growth, with cicatrices of scrofulous ulcers of the jaw, which had been closed by some "specific" ointment, and had set up equally specific bronchial cough, occurring on lying down at night. It was of barking, but not croupy, sound. If it came on in the day near the time of meals food was apt to return by the nostrils. Expectoration of sticky mucus. Stools generally two or three days. *Ammoniacum* 6 relieved the cough rapidly and produced daily stools, and general improvement in health followed, without reappearance of tendency to ulcers.

With regard to the various potencies used in these and in other cases, no difference was observable in their action, whichever might be exhibited; both the mother tincture, which required the precipitated resin to be stirred up, and which was pronounced delicious from its effects, and the intervening attenuations up to the thirtieth being equally efficacious in promptness of action and in enduring results.

15, Eccleston Street, Eaton Square,  
October, 1883.

## ANTAGONISM BETWEEN SYPHILIS AND VACCINE.

THE *Drug. Cir. and Chem. Gaz.* for May, 1883, says that Dr. Polin inclines to the belief that there is an antagonism between the vaccine virus and that of syphilis. He was led to this view by the results of some vaccinations performed by him in Algeria. Of 471 children, the vaccination was successful in 410, all of whom were free from any syphilitic taint. Of the 61 children in whom the inoculation did not succeed, 48 presented indubitable evidences of syphilis.—[We have made the same observation.—*Ens. N. Y. Med. Times.*]

## DANGER LURKING IN SODA-WATER.

THE public analysts of Montreal and Toronto, Drs. Edwards and Ellis, have been examining samples of soda-water, and report that in the majority of cases, lead and sometimes copper is present. Dr. Edwards examined twelve samples purchased in Montreal and found lead or copper in ten of them. Five contained both lead and copper, and five contained lead only. In some samples only "traces" of the metals were found, while in others the water was largely "impregnated" with one or both of the metals. Dr. Ellis in twelve samples of Toronto soda-water found only three which were free from lead. No mention is made of the presence of copper. The quantity of lead varied from  $\cdot 07$  of a grain to  $\cdot 5$  of a grain to the gallon, the average of nine samples being  $\cdot 32$  of a grain. All of the above samples were taken from fountain cisterns, bottled soda-water being invariably found free from metallic impurities.—*Sanitary Engineer.*

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## WHY IS THE WORLD NOT FULL OF MONSTERS?

LET, therefore, on this principle, any class of organs or any parts of the body be unduly or very much exercised, it requires the more nutrition to support them, thereby withdrawing what should go to other organs. In accordance with this physiological law, if any class of organs become predominant in their development it conflicts with the great law of increase. In other words, if the organisation is carried by successive generations to an extreme—that is, to a high nervous temperament—it operates unfavourably upon the increase of progeny. Accordingly in the highest states of refinement, culture, and civilisation of a people, the tendency has always been to run out in offspring; while, on the other hand, all tribes and races sunk in the lowest stages of barbarism, and controlled principally by their animal nature, do not abound in offspring, and in the course of time they tend also to run out. The truth of both these statements is confirmed by history. The same general fact has been observed among all the abnormal classes, idiots, cretins, the insane, the blind, the deaf and dumb, and to some extent, with extreme or abnormal organisations, such as are excessively corpulent or spare, as well as of unnatural size, either very large or diminutively small.

It would seem that Nature herself is bound to put an end to organisations that are monstrous, that are defective, and abnormal or unnatural or imperfect in any respect. All history, we believe, proves that such organisations are not prolific in offspring, and the number of this class born into the world, reaching an advanced age, is comparatively not large. Such facts would indicate that there must be a general law of propagation that aims at a higher or more perfect standard. If this principle is applied to distinct classes in society, some striking illustrations may be obtained. Take the families belonging to the nobility, the aristocracy, or the most select circles, where by inheritance, refinement, and culture the nervous temperament has become very predominant, it is found that such families do not increase from generation to generation in offspring, and not unfrequently, in time, they become extinct.—DR. NATHAN ALLEN, in *Popular Science Monthly*.

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### ASYLLABY, OR LOSS OF POWER OF READING.

DR. IRELAND, in the *Ed. Clin. and Path. J.*, quotes a report of an observation by Dr. Bertholle upon a man who, after a congestive attack accompanied by epileptic fits, preserved the power of speech and of writing, but lost that of reading. He lost the power of gathering together in the mind the syllables and words with that quickness which is necessary to fluent reading. To this particular morbid symptom, which is a variety partial aphasia, the author gives the name of Asyllaby. The patient afterwards became hemiplegic on the right side, and aphasic after new apoplectic attacks. But during several years the asyllaby alone remained, without any aphasia, and the patient could only read by spelling the words, letter by letter, very slowly. This proves that the affection did not consist of that variety of partial aphasia which has been called word-blindness, and which consists in the absolute impossibility of recognising written characters with the eyes, although the patient can speak and even write. The subject of this observation recognised and read letters because he could spell; he had only lost the power of uniting these letters, of co-ordinating and grasping the syllables—in a word, of reading fluently.

## Obituary.

### DR. HOUAT.

THIS distinguished physician died at Pau on July 9th last, at the age of seventy-three. The *Bibliothèque Homœopathique* tells us that Dr. Houat had long been a zealous member of the *Société Homœopathique de France*, and we may add that his pharmacological experiments made him the best-abused drug-prover of our time. He introduced the *Robinia pseudo-acacia* into our *Materia Medica*, and his *Nouvelles données de Matière Médicale Homœopathique* are, in our opinion, worthy of more honour than they have received. Certain it is that Dr. Houat regarded his *Nouvelles données* as very important facts. Some ten years ago we were in correspondence with him on the question of the demonstrably-pathogenetic effects of the higher dilutions, and our deceased colleague actually offered to come to London and give a public demonstration of his views. Some of his *Données* MAY BE imaginary, but we feel perfectly sure that Dr. Houat himself considered them to be important pharmacological facts.

### DR. HEWAN.

AMONG the many severe losses we have recently sustained by the remorseless hand of death must now be reckoned that of Archibald Hewan, M.D. Edin., L.R.C.P. Edin., L.R.C.S. Edin., and Extraordinary Member of the Royal Medical Society, Edinburgh. Dr. Hewan was born in Jamaica, in the year 1832, where he received his early education until the age of sixteen, when he was sent to complete his studies to Glasgow. Here he pursued his medical education, passing on afterwards to Edinburgh and then to Paris. In 1854 he received the diploma of L.R.C.S. Edin., and shortly afterwards commenced the practice of his profession as a medical missionary, and in July, 1855, sailed for Old Calabar, Western Africa, to take medical charge of the mission stations there belonging to the United Presbyterian Church. This was work that proved most congenial to Dr. Hewan's earnest self-sacrificing and sympathetic nature, and notwithstanding the trying character of the climate, and the fact that his physical constitution was

ill adapted for encountering strain of any description, he continued at this work until 1866, when, owing to enfeebled health, he had to resign his connection with the mission.

The Foreign Mission Secretary, the Rev. Dr. Somerville, in notifying his departure from the mission, states "that he (Dr. Hewan) approved himself to be a kind, faithful, and skilful medical missionary, greatly esteemed and confided in by the missionaries, by the natives, whose spiritual as well as corporeal good he laboured to promote, and by the English gentlemen trading with Old Calabar."

Towards the end of 1866 he settled, at the earnest entreaty of his friends, in London, and continued to practise medicine, availing himself of all the resources of Homœopathy, till December, 1882, when his health obliged him to winter abroad. He went to the South of France, and for a time improved greatly, but got a chill in January, from the consequences of which he never recovered; he returned in March, and on the 20th September passed away in peace and contentment, in the full assurance of that Hope that remaineth for the people of God. The condition of Dr. Hewan's heart was very singular, and he was in the habit of exhibiting himself at the meetings of medical societies as an illustration of a slow pulse, the beats of which were but 32 in the minute. This caused much anxiety to his family and friends, who recognised in it the evidence of decided cardiac weakness; to Dr. Hewan himself, however, it never seemed to occasion the slightest concern; his placid, self-restrained, and self-denying disposition enabled him to regard it as of no account, and in spite of it to continue his religious duties in the midst of an extensive London practice.

It is but right to state his religious exercises were carried on in a quiet, unostentatious manner, and it could never be said of him that he made his religion, as has so often been done in London, a stepping-stone to medical practice.

As showing the quiet and sincere way in which he worked, the writer thinks it excusable to mention the following interesting circumstance:—Dr. Hewan interested himself a great deal in Sunday-school and mission work, and on one occasion, on entering a mission-hall, he was met by several boys who for misconduct had been turned out. Dr. H. engaged them in conversation, and wound up by asking them to come to his private house on Sunday afternoons. This they promised to do, and for four years these



boys continued attending every Sunday afternoon at his house to receive instruction from him. During the weekdays, too, they occasionally spent the evening with him. The consequence of the training and discipline thus received was that all these young men started in life as respectable members of society; one of them follows the profession of dentist in Brussels, another the same calling in London, and all of them are now working their way to, or in actual possession of, responsible posts. More than one of these boys wrote to Dr. H. to say that this class had been the means of rescuing them from a career that undoubtedly would have ended in ruin.

Dr. Hewan leaves a wife and family to mourn his loss.

## LITERATURE.

### GELSEMIUM SEMPERVIRENS.<sup>1</sup>

THIS most excellent little monograph of one of our greatest modern polychrests has been lying before us for some time, and ought to have been previously noticed. We have nothing but praise for it, and we especially point out to our readers that the information it contains is quite reliable: questionable material having been left out. Any one wishing to possess the cream of all that is known of *Gelsemium Sempervirens* in an elegant volume will be satisfied with this monograph of the Hughes Medical Club. We cannot conclude this little notice without expressing our pleasure at seeing honour rendered to our distinguished fellow-countryman and colleague, Dr. Richard Hughes, of Brighton, for the club is graced with his name.

<sup>1</sup> *Gelsemium Sempervirens* : a Monograph by the Hughes Medical Club of Massachusetts, 1883. Boston and Providence : Otis, Clapp, and Son, 1883.

DIPHTHERIA IN ITS RELATION TO HOMŒOPATHY IN RUSSIA.—By order of the Emperor of Russia a hospital for diphtheria patients has been opened in St. Petersburg, where the homœopathic treatment only will be used. The Red Cross Society has sent a matron and eight nurses.—*Daily News*, Sept. 14, 1883.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

## DR. THOMAS ON THE BACILLUS OF TUBERCLE.

DEAR SIR,—I have carefully read Dr. Gregg's letter on Bacteria, but fail to find in it any proof of his former statements as to Koch's discovery of the bacillus being a mistake; nor is it clear what force of argument in favour of Dr. Gregg's theories or disproof of Koch's discovery is to be found in a lung hæmorrhage of ten days' continuance, or spongy gums and an uncleanly-kept mouth and teeth.

The other day I had an opportunity of seeing a paper entitled "The Bacteria Fallacy Illustrated," with three woodcuts to show—I. "The misnamed microcci or spherical bacteria of diphtheria, granules of fibrin in the first stage of fibrillation." II. "The misnamed rod-like bacteria of diphtheria, fibrils of fibrin in the second stage of its fibrillation." III. "The misnamed spiral bacteria of diphtheria, spirals of fibrin, or the contractive stages of its fibre."

With each of these descriptions was a woodcut all as like to either microcci or rod-like bacteria or spirilla as a jack-plane is to a watch-spring. They were certainly very much misnamed, and could only be excused the comparisons by allowing a very wide margin for the want of knowledge on the part of the writer of the paper, whose entire ignorance of the subject is in the paper and illustrations shown to be simply immense.

Needs it to be mentioned the paper was signed "R. R. Gregg"?

The remarkable comparison instituted in the paper entitled "The Bacteria Fallacy Illustrated" between the woodcut illustrations and bacteria micrococci and spirilla of disease is very forcibly and ably exemplified in the following excerpt from an American publication:—

"Yesterday a number of large bones were discovered beneath an old stable in Twelfth Street, by some labourers. It was believed by most of the spectators that they were the bones of a horse. But Coroner McSorley, who was sent for, declared at once his belief that they were portions of

the skeleton of one of our prominent citizens, a banker, who has been missing for several days. This view was contested by several of the persons present, upon the ground that the remains were absolutely fleshless, and manifestly very old. But the coroner, to demonstrate the accuracy of his view, proceeded to arrange the bones upon the pavement in the form of a man. He succeeded in the attempt to some extent, and was about to summon his jury of inquest, when Dr. Wattles came up. The doctor examined the skeleton, and then the following conversation ensued between him and Coroner McSorley :

“ ‘ You don’t imagine that to be the skeleton of a human being, do you, Mr. McSorley ? ’ ”

“ ‘ Certainly it is ! Don’t you see the shape of it ? ’ ”

“ ‘ But, my dear sir, what you have arranged as the spine runs clear up through what you suppose to be the skull, and projects two or three inches beyond the top of the head. ’ ”

“ ‘ Of course ; and that is very likely the cause of all the trouble. The man’s spine worked up into his head and disordered his mind. An aunt of mine in Wisconsin went mad from that very cause. ’ ”

“ ‘ But how do you account for the fact that there are three elbows in the left arm, and none at all in the right ? ’ ”

“ ‘ Dr. Wattles, I am not obliged to account for eccentricities of formation in different individuals. I am satisfied with them as Nature made them, and that is enough. It’s none of my business if Cowdrick had eleven elbows in one arm, and thirty-four in the other. ’ ”

“ ‘ I will not argue the point, sir ; but you certainly have no authority for locating two ribs in the neck, and for placing a row of teeth upon the upper side of the right foot. That foot, Mr. McSorley, is nothing but a fragment of a lower jaw-bone, depend upon it. ’ ”

“ ‘ How do you know that the deceased had no teeth there ? You doctors always want to insist that every man is constructed on the same plan. I used to know a man in Canada who had four molar teeth in his ankle ; and two of them were plugged. This appears to be a similar case. ’ ”

“ ‘ But you never knew a man who had a thigh-bone where his shoulder-blade ought to be, like this one, did you ? You never saw a man with a knee-cap in the small of his back, either, did you ? ’ ”

“ ‘ Maybe I did, and maybe I didn’t. I have no time to discuss the subject now. The inquest that I am about to

hold will bring out the facts. Mr. O'Flynn, swear in the jury.'

"The evidence that was given by the witnesses was of the most varied and entertaining character; and though much of it was vague and much was irrelevant, the jury appeared to have no difficulty in reaching a conclusion, for after a few minutes' deliberation they brought in a verdict that 'the deceased, Henry P. Cowdrick, came to his death from cause or causes unknown,' and then they collected their fees and dispersed, with a grateful consciousness that they had fully discharged their duty to society."

Possibly, although your readers may have thought this subject has been long enough before them, they may not object to know that a most thorough communication or report "On the Relation of Micro-Organisms to Tuberculosis," by W. Watson Cheyne, M.B., F.R.C.S., was published in the April number of the *Practitioner*, fully illustrated with plates. As it is out of print, I shall be happy, if you think it suitable for your columns, to send you a brief notice of the paper.

Yours truly,

Llandudno, October 9th, 1883.

H. THOMAS.

### MODERN ATTENUATIONS.

MR. EDITOR,—I am somewhat amused at Dr. Skinner's reply to my strictures on his wondrously high dilutions, in your last number. It was doubtless rather rash for a humble layman like myself to enter the lists with a *professional*, especially such a medical Goliath as Dr. S.

I expected a good setting down, and I have not been disappointed.

The worthy doctor leads off from very high ground. He remarks that he seldom deigns "to exchange words on professional matters with either patients or laymen," and then proceeds to administer a severe reproof that a lay ignoramus like myself should venture to question the dictum of a professional, who has been allopath, oculist, obstetric physician, gynaecologist, and goodness knows what else besides. He is quite surprised at such unheard-of audacity. I of course was quite prepared for all this kind of thing.

Having administered this strong dose of the *fortiter*, he considerably modifies his wrath; and the last half of his com-

munication is all of the very mildest *suaviter*. His letter reminds me of the month of March. It comes in like a lion, and goes out like a lamb.

Notwithstanding his reproofs and arguments, I must still refuse to put faith in his marvellous potencies, and I again maintain that the publication of such cases as those I referred to, where cures were said to have been effected with medicines at the *hundred thousandth centesimal*, is calculated to seriously injure Homœopathy, and greatly to retard its progress. Dr. Skinner asks me if I am aware of the fact that the thirtieth centesimal contains only the decillionth of a grain of the crude drug; and then he goes on to explain the inconceivably small quantity this must be. I reply that I have some very feeble conception of all this, and it is precisely for this very reason, that my faith in this dilution is exceedingly faint, and that my medicine chest only contains remedies ranging from the first to the fifth, or at the very utmost the twelfth dilutions. From these I get undoubted results, and for the present, at any rate, I mean to keep to them.

I should like to reply to the doctor's question by asking him another. If merely the thirtieth dilution is so infinitely weak that the portion of the drop of the drug contained in a dose must be represented by millions, billions, trillions, quadrillions, and so on up to the decillionth, what must be the infinity meant by the *hundred thousandth centesimal*? No human intellect can have the faintest conception of what this conveys. Let us think of it again arithmetically. Of course, being centesimal, two ciphers must be added for each dilution, so that to represent this fractional part of a drop *numerically*, would require a row of 200,000 ciphers.

I write tolerably small, but I think that I should not, as a rule, get more than five to the inch; so that if I wanted to put this sum on paper I should require a strip some 1,100 or 1,200 yards long, or nearly the length of Piccadilly!

Dr. S. says he gets powerful results from these marvellous preparations. See his account of the action of *Apis* CM. (F.C.) in the *Homœopathic World* for July, p. 215. Fancy, Mr. Editor, powerful medicinal action being obtained from a drop of the tincture of a macerated bee at the *hundred thousandth centesimal* dilution! It is really too, too utter.

Dr. S. asks us to believe implicitly in the virtue of such unspeakable infinities. I must still respectfully decline to do so, and I believe that ninety-nine out of every hundred of your readers will follow my example.

The doctor has got astride his high-dilution hobby, and is riding it to death. He says, "The higher we go, the greater the therapeutic power." Then why stop at the hundred thousandth? why not go to the *two hundred thousandth*, or to the *millionth*? Some enthusiast will probably soon be advocating these potencies, and doubtless giving cases of wondrous cures therewith. All such statements I should receive, as I am really compelled to do some of Dr. Skinner's, *cum grano salis*, and with a very *big* pinch too.

If I mistake not, Dr. S. some short time since seriously proposed a preparation of *moonshine*! By what means collected and concentrated I really now almost forget, but I fancy it was obtained by some wondrous apparatus. May I suggest to him whether it would not be possible by the same process to secure a superior quality of *Lac.-Sac.* from the *Milky Way*? It would, I think, be an admirable vehicle for the preparation of this and similar medicaments.

Thanking you, Mr. Editor, for inserting my letters, and enabling me to raise my humble protest against these "homœopathic" extravagances,

I remain, yours faithfully,

18th September, 1853.

AN ASTOUNDED LAYMAN.

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### THE HAHNEMANNIANS

DEAR EDITOR,—Our friend Dr. Ussher is a *very* funny man! After cruelly refusing to give me the name of the supposed Legion of Honour man who uses Mattei's medicines, he describes him so successfully that I recognised the portrait at a glance. I suspected as much beforehand, but now I know it. Would Dr. Ussher be very much surprised to learn that *this gentleman never signed the roll of the Legion of Honour*? The roll is given in *The Organon*, to which Dr. Ussher was a subscriber. I challenge him to refer to the list, and either prove his assertion or make the *amende honorable* by again crying "Peccavi!" Dr. Ussher's concluding remarks might be very *apropos* were they not based upon his own blunder. But what on earth does he mean by his final sentence, emphasised by three notes of exclamation, "And this, too, from canny Scotland!!!"? I am not a

Scotchman, nor an Irishman either, but, like the hero of "Pinafore," "I am an Englishman."

Yours amusedly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.,

September 2, 1883.

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SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

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BOOKS AND JOURNALS  
RECEIVED.

Speeches of Mr. P. A. Taylor and Mr. C. H. Hopwood on Vaccination. London: E. W. Allen, 1883.

Journal des Débats, Sept. 23.

The Vaccination Inquirer, No. 55.

Bulletin de la Société Médicale Homœopathique de France, No. 5.

St. Louis Clinical Review, Nos. 8 and 9.

New York Medical Times, September and October, 1883.

Bibliothèque Homœopathique, Nos. 11 and 12.

The Edinburgh Clinical and Pathological Journal, Oct. 13, 1883.

Monthly Homœopathic Review.

The Law of Similars; Its Dosage, etc. By C. Wesselhoeft, M.D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston and Providence: Otis, Clapp, and Son, 1883.

The American Homœopath, September, 1883.

Medical Counselor, August 15, September 1, 15.

Calcutta Journal of Medicine, May.

Revue Homœopathique Belge, No. 5.

The Medical Tribune, No. 8.

A Retrospect of Allopathy and Homœopathy for the last Thirty Years. By Hugh Hastings, M.D., M.R.C.S. Second Edition. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1883.

The California Homœopath, July 15, 1883.

Allgemeine Homœopathische Zeitung, Bd. 107, Nos. 9, 10, 11, 12, 13, 14.

Boericke and Tafel's Quarterly Bulletin, August, 1883.

Cholera: a Disease of the Nervous System. By John Chapman, M.D. London: J. and A. Churchill, 1883.

Revista Homeopática Catalana. Tomo I., No. 16.

The Hahnemannian Monthly, September, 1883.

The Clinique, No. 8.

Anti-Compulsory Vaccination Reporter, October 1, 1883.

The Medical Advance, No. 111.

American Observer, No. 5.

The Family Homœopathist. By E. B. Shulldham, M.D., etc. Sixth Edition. London: E. Gould and Son.

The Journal of Medicine and Dosimetric Therapeutics, Oct., 1883.

The Dietetic Reformer, Oct., 1883.

The Indian Homœopathic Review, May, 1883.

The Messenger of Peace, October.

Homœopathic Physician, October, 1883.

El Criterio Médico.

The Guide, October, 1883.

The Charity Record, Sept. 20, 1883.

The Argus, Melbourne, Aug. 1, 1883.

The Buffalo Express, Sept. 12, 1883.

#### CORRESPONDENTS.

Communications received from Dr. Arndt, Grand Rapids,

Michigan; Rev. J. Barton, London; J. Thurlow, Esq., High Wycombe; Dr. Harmar Smith, Ramsgate; Dr. Thomas, Llandudno; G. A. Cross, Esq., London Homœopathic Hospital; Major Vaughan Morgan, London; Edward Thomas, Esq., Chester; J. Hoskin, Esq., Malta; Dr. Lloyd Tuckey, London; Dr. George Lade, Glasgow; Dr. Stanley Wilde, Nottingham; Dr. Bradshaw, Guildford; Dr. Proel, Nice; Dr. Berridge, London; Dr. Percy Wilde, Bath; Mr. Joseph Abbott, Exeter; Dr. Pope, Tunbridge Wells; Dr. Foster, London; J. Everitt, Esq., Acton Green, W.

### The Homœopathic World.

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Sleep without Narcotics.

Case of Asthma with Chronic Bronchitis.

Chloral Poisoning.

Hæmophilia.

A Modern Miracle.

A Case of Tumour of the Stæen.

Sulphurous Acid in Consumption.

Picoline.

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# THE HOMŒOPATHIC WORLD.

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DECEMBER 1, 1883.

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## THE CRYPTO-HOMŒOPATHS AT WORK.

HIPPOCRATES had a faint inkling of Homœopathy. He just caught a glimpse of it through the gates of time ajar. Haller preached drug experimentation in a by-the-way sort of fashion. Hahnemann saw both clearly, created a pure science of pharmacology, and erected Homœopathy thereon as an applied science. The most advanced point in curative medicine is Homœopathy, but there are a good many who are afraid of the name, and yet want its advantages. They are homœopaths on the sly and cowards. That such cowards, who abuse Hahnemann and his followers, while they pose before the ignorant of the medical world as original observers with odd fragments stolen from homœopathic works—that such cowards should be *afraid* to try drugs *on themselves* is no marvel to those who understand human nature. We read in the *Medical Times and Gazette* of November 10, 1883, as follows:—

### “EXPERIMENTS WITH SODIUM NITRITE.

“In publishing, and indeed in instituting, their reckless experiments on the effect of nitrite of sodium on the human subject, Prof. Ringer and Dr. Murrell have made a deplorably false move, which the ever watchful opponents of vivisection will not be slow to profit by. They cannot allege that they were driven to the experiments by the Vivisection Act, for they preface their account of their *clinical* observations by a description of *pathological* observations on two cats, who rapidly succumbed to the drug. Nor have they the excuse that the effects of nitrite of sodium on the human subject were unknown, for Dr. Ramskill and Dr. Ralfe have placed on record six cases in which its administration was attended by the most serious consequences—lividity and semi-collapse. It is impossible to read the paper in last week's *Lancet* with-

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out distress. Of the eighteen adults to whom Drs. Ringer and Murrell administered the drug in ten-grain doses, all but one avowed they would expect to drop down dead if they ever took another dose. One woman fell to the ground, and lay with throbbing head and nausea for three hours; another said it turned her lips quite black, and upset her so, that she was afraid she would never get over it. The next series of experiments was with five-grain doses. The same results followed in ten out of sixteen cases. One girl vomited for two hours and thought she was dying. Even in three-grain doses the drug caused unpleasant symptoms in four out of the thirteen patients to whom it was administered. All these observations are recorded with an innocent *naïveté*, as though the idea that any one could possibly take exception to them were far from the writers' minds. But whatever credit may be given to Drs. Ringer and Murrell for scientific enthusiasm, it is impossible to acquit them of grave indiscretion. There will be a howl throughout the country if it comes out that officers of a public charity are in the habit of trying such useless and cruel experiments on the patients committed to their care, and the whole profession will be placed in a false position. The public will not understand that such a mode of conducting out-patient practice is altogether exceptional, and would not meet with the approval of half a dozen doctors in the metropolis. It is with the view, if possible, of forestalling the outcry of the anti-vivisectionists and counter-acting the effects of this terribly false step, that we have felt ourselves compelled reluctantly to enter this protest against it."

Just so. Hahnemann tried drugs *on himself* in health, homœopaths try drugs *on themselves* in health. These crypto-homœopaths—well, Nemesis is not dead, though she may be narcotised for a while. It is Virgil whom we honour, not Bathyllus.

The crypto-homœopaths have their day, but it will be only for a little season, and then the reckoning and the inevitable ridicule.

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THE BACTERIUM OF LUMBAGO.—"Mrs. Ramsbotham has taken the greatest interest in the reports of the British Association meetings. She wants to know if *Bacteria* is the scientific name for lumbago, as, if so, she's got it."—*Punch*.

## YELLOW FEVER.

A SERIES of investigations into the origin of this pestilent fever have just been made by Dr. Domingas Frieze, a Brazilian physician. Dr. Frieze has discovered that the blood of the patient contains a parasite which appears as a minute point, and in one form or another continues in existence after the death of the patient. This fact being satisfactorily established, he recommends that the body should be burnt. By experiment, it was shown that the injection of a little of the tainted blood into the veins of a rabbit caused death in fifteen minutes. Although this might only seem like ordinary blood poisoning, it was remarkable that all the blood of the dead rabbit was filled with the peculiar organisms. Moreover, a guinea pig, kept closely upon earth taken from a yellow-fever cemetery, died in five days, and the same peculiarity also appeared in its blood, and from this the experimenter argues that all such burying places are constantly liable to distribute the disease. The most important result of Dr. Frieze's investigations is that a parasite peculiar to yellow fever undoubtedly exists. With this for the medical faculty to work upon, there is at least the hope of curbing and controlling the disease.—*Public Opinion.*

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## METHODS AND HOPES OF EXPERIMENTAL PHYSIOLOGY.

By PROFESSOR TYNDALL.

THE course of true science, like that of true love, never did run smooth. Oppositions are encountered and overcome, each period of retardation being followed by more than the normal rapidity of advance. In the early part of the present century this was strikingly illustrated in regard to the undulatory theory of light, and it has been illustrated in our day by the fortunes of the theory of evolution. Both theories were pushed back for a time; both conquered; the period of resistance being fully atoned for by the subsequent period of acceleration. It is profoundly interesting to observe the illustrations of this mode of scientific progress now going forward. A few years ago the germ theory of communicable disease was held by only a few of the bolder and more penetrative minds. It now overspreads the entire field of medical thought and action. We cannot take up a

journal in which the etiology of disease is handled without being confronted by this theory; and the more it is considered, the more thoroughly is it seen to account for and reconcile the facts of clinical observation, and the surer is the light which it sheds upon the work of the physician and sanitarian. One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid, or scarlatina, for example, was found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. From time to time during his long and valuable life I was honoured by communications from the late Sir Thomas Watson. Knowing the profound interest I felt in questions of medical theory, and aware of my leaning towards the germ theory of contagious disease, he once asked me how I supposed the immunity just referred to was to be accounted for. I acknowledged the difficulty, but stated at the same time that the germ theory came nearest to a satisfactory solution. A certain amount of mineral matter was known to be necessary to the constitution of a tree. Without it the tree could not grow, although, in comparison with the other constituents of the wood, its quantity might be infinitesimal. The exhaustion of a soil often meant the removal from it of a minute but necessary constituent. Reasoning from analogy, I venture to express the opinion that the rarity of second attacks of communicable disease was due to removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite.

The cultivation of micro-organisms, which is now everywhere carried on, enables us to realise the smallness of the change which in many cases suffices to convert a highly nutritive liquid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Révue Scientifique*. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of the microscopic plant named *Aspergillus niger*. The omission of potash from Raulin's liquid suffices to make the produce fall to one-twenty-fifth of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in sixteen hundred thousand of nitrate of

silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the aspergillus to be a human parasite—a living contagium—capable of self multiplication in the human blood, and of so altering the constitution of that liquid as to produce death; then, the introduction into the blood of a man weighing sixty kilogrammes of five milligrammes of the nitrate of silver would ensure, if not the total effacement of this contagium, at all events the neutralisation of its power to destroy life. An index finger here points out to us the direction which physiological experiment is likely to take in the future. In anticipation of the assault of infective organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for hope that in the case of infective diseases generally such protective substances will be found. It is, indeed, confidently asserted that such substances have been found. Dr. Polli, of Milan, for example, who has long experimented on this subject, finds that alkaline sulphides, introduced into the body, act powerfully on the contagia of marsh fever, typhoid, miliary fever, puerperal fever, and small-pox. In cases of pus infection, these sulphides<sup>1</sup> have been found particularly efficacious. Never was greater ardour shown in medico-physiological research than at the present moment; and this very ardour renders it incumbent on the experimenter to keep his wishes and expectations under strong control; it also hints at the necessity of caution in accepting alleged discoveries. But, as M. Bouley justly remarks, if Dr. Polli is correct in his facts, his results must be unspeakably important to humanity. For they would furnish the proof that it is possible, by the use of special agents, to place the human body in a condition incompatible with the existence of contagious organisms.

By the researches of Crudeli and Klebs the deadly malaria of the Campagna was proved to be of parasitic origin; and

<sup>1</sup> That is to say, our old friend *Hepar Sulph.* in its homœopathic application. This fact has been known to Homœopathy for more than half a century! and has lately been "found" by some cryptic-homœopaths!—*Ed. Hom. World.*

Crudeli is now engaged on experiments, planned on the largest scale, with the view of discovering the means of defence against this formidable enemy. He is a member of the Italian Parliament, and is liberally assisted in his work by the Government of his country. His experiments thus far have been made upon the employes engaged upon railways which traverse various intensely malarial regions. Arsenic is the substance which he has chosen to defend them from attack. He incorporates this substance in gelatine, formed into little squares, each square containing 2 milligrammes of arsenic; and he begins by administering to each person a single square per day. The dose is gradually augmented until it reaches 8 milligrammes daily. The result thus far is that out of 455 individuals treated in this way 338 were either cured of the fever or preserved from attack; while the negative and doubtful results were, in part, to be accounted for by the want of confidence on the part of the employes, and their consequent neglect of the means intended for their protection. In other places similar experiments have been made with satisfactory results. While cautiously holding the final judgment in reserve, it is impossible to read these reports without entertaining the hope that the day is not far distant when the knowledge yielded by strict scientific inquiry will enable us to sweep these parasitic diseases from the face of the earth. But to attain this end one condition is absolutely necessary, which must be stated here without disguise. The most direct and obvious way of ascertaining whether the human body can, in the way indicated, be protected from the attacks of malaria would be to take two individuals—or, better still, two groups of individuals—and, having defended one group with arsenic and left the other undefended, to inoculate both groups with the malarial poison, and watch the result. It is needless to say that the man who would venture upon such an experiment would be execrated as a murderer; for assuredly some of his subjects would succumb to the test. Is nothing, then, to be done? Is this deadly malady—and it is only one of a number of deadly maladies—to be suffered to continue its ravages without let or hindrance? Why is it that Koch, in his recent experiments in Alexandria—experiments, be it noted, conducted at the risk of his own life, and of the lives of his assistants—attached so much importance to the power of communicating cholera to the lower animals? It is simply because he knew that once thus communicated, a way would be open to him

of combating the pest—of devising means to fortify the animal body in anticipation of attack, and to destroy its invaders after the attack had begun. Until this has been accomplished no sure progress can be made towards the complete extirpation of cholera. In the case of malaria, fortunately, the disease is communicable to bovine animals, and more especially to those unacclimatised to its action. Thanks to the liberal funds placed at his disposal, M. Crudeli is enabled to collect a large number of animals assailable by the disorder. He purposes dividing these animals into two groups; to treat one group with arsenic and to leave the other without treatment, and then to determine, once for all, by inoculation experiments, whether arsenic really possesses the power which his researches seemed to have assigned to it. I appeal not to the partisans of either side, but to the common sense of England, whether, in the interests of humanity, the proposed experiment is not a legitimate one. I am neither a vivisectionist nor an anti-vivisectionist, and cruelty to animals is abhorrent to my nature. I have approached this subject with a desire to weigh the pros and cons connected with it, to estimate the evil in comparison with the good; and the result of experiment, reading, and reflection leads, in my case, to the conclusion that they who oppose investigations such as those here indicated are unwittingly ranging themselves on the side of the enemies of the human race.—*Pall Mall Gazette*, October 30th, 1883.

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## VETERINARY CASES.

By THOMAS SKINNER, M.D., London.

### Ringworm in Dogs—Tellurium.

HAVING had some difficulty in purchasing a reliable retriever for this year's partridge and pheasant shooting, I had to be content with borrowing. There is an old saying that those who go borrowing go sorrowing, and so it was in this case. I found that the dog which I had got on loan, though an exceptionally good retriever, had a circular spot on its left ear, the size of a penny piece, totally denuded of hair, and exuding slightly a clear fluid, giving the sore an angry and raw appearance. The flies seemed to like it, and but for them the dog seemed to care or feel no discomfort from it. It spoiled the appearance of the animal

greatly, and as it had been there more than three months, and was getting no better, but if anything, the longer the worse, I made up my mind to give *Tellurium* a trial. On Saturday night, the 15th of last September, after a hard day's work, and not being required before Monday forenoon, "Ben" got one small powder of *Tellurium* 1 M. (F.C.) dry on his tongue. It is just possible that "An Astounded Layman" may be surprised to learn that without the slightest local or any other direct or indirect interference, this most obstinate and specific inflammation of the skin, which had existed for nearly four months, *was completely dried up and healed in one week from this single dose of Tellurium 1 M., made by myself on my "Fluxion Centesimal Attenuator,"* an instrument which cannot err, and which makes each centesimal attenuation separately. During the week, when the healing-process was going on, it so happened that my keeper produced a young retriever bitch of his own, which he desired should see some field-practice. "Ben" and this young bitch had been "keeping company," the result being that "Ben" became jealous of any dog that approached his sweetheart. As it was, a fine old pointer of my own, who is a bit of a "gay Lothario," began showing attention to Miss "Judy," upon which "Ben" sprang upon "Wallace," and seized him by the left ear, and a free fight ensued. Within a week or so of this canine duel "Wallace's" ear showed unmistakable signs of ringworm; a circular patch of hair came off and the skin with it, exposing a denuded surface secreting a clear fluid identical in appearance with "Ben's" ear before the *Tellurium* was administered, only there was a decided tendency to spread in patches all over the ear.

On Saturday, the 29th September last, "Wallace" got one small powder of *Tellurium* 1 M. (F.C.), dry, on his tongue. In one week the ear was very much better, but not quite well, and on his rump three or four patches had broken out, exuding the same fluid, smelling very "doggy" and nasty, and totally denuded of hair. I gave the keeper three powders of *Tellurium* 1 M. (F.C.), one to be given each night for three nights, or to be stopped if the inflammatory action seemed checked—i.e., the exudation having ceased, and a scab or scurf having formed. "Wallace" never "looked over his shoulder," as the saying is, after the third dose.

COMMENT.—Both dogs remain perfectly well, their skins whole, and the patch on "Ben" is covered with young hair,



and "Wallace" the same, only not so far advanced, he being ten years old, and "Ben" rising three. There was no change whatever made in their diet or hygiene further than burning the straw of their beds, avoiding touching the sore places with water or picking off the scabs, and giving the older dog, "Wallace," full meals of oatmeal porridge and greaves. "Ben" hunted as usual; "Wallace" was not required, as the birds were wild and rarely or never lay. Some say that the higher attenuations are "*moonshine*," that they can only act through influencing the imagination, etc. It would appear from the above cases that "*moonshine*" is not so impotent as some think, and that dogs have imaginations and "a reason for the faith which is in them," if we could only find it.

## BRIEF CLINICAL NOTES.

By DR. HARMAR SMITH.

### *Rumex Crispus* in Spasmodic Cough.

CASE 1.—Miss A., Westgate-on-Sea, is suffering from chronic pneumonia, but in addition to the symptoms of this disease has an incessant dry barking cough, evidently seated in the larynx. For this I prescribed *Rumex Crispus* in the third dilution, which produced immediate relief, and in a few days a complete cure of this distressing cough.

Case 2.—Master B., Broadstairs. This case differed from the above inasmuch as the cough constituted the sole disease. It was seated in the larynx, where there was a loud ronchus, but there was no affection of the bronchial tubes. I kept him in a warm room and gave *Hepar*, *Iodine*, *Belladonna*, and other medicines for several days, with scarcely any relief, the cough continuing to recur about every ten seconds in the day, though it was much less troublesome in the night. I then prescribed *Rumex Crispus*, with immediate and perfect relief, so that his friends sent me word on the next day that it was needless for me to see him again.

### *Hepar Sulph.* in Carbuncle.

Case 3.—October 5th. W. M., æt. forty-seven, came to my dispensary suffering from a carbuncle, which extended for several inches across the nape of the neck. Skin surrounding it much inflamed and tender to the touch. Says that the pain has rendered him all but sleepless for about

a week. Take *Hepar Sulph.* every three or four hours, and apply a linseed poultice.

Oct. 12.—The core has come away; now an open ulcerated surface. Continue the *Hepar* and dress with mercurial ointment.

Oct. 19.—Ulcerated surface perfectly healed.

The above case tends to prove what numberless "crucial incisions" have been made, not only needlessly, but harmfully, before the virtues of *Hepar Sulph.* (alias *Sulphide of Calcium*) were known to the old school.

### China in Diarrhœa.

Case 4.—I was lately attending a lady with phthisical and heart symptoms, to whom I had been giving *Arsenicum* for a troublesome diarrhœa, from which she had got no relief. I now gave *China* 1x, which produced such an immediately beneficial effect that she asked me, somewhat reproachfully, "Why did you not give me this medicine before?"

Case 5.—Another case of diarrhœa of a more chronic nature, which had resisted all the ordinary homœopathic remedies for months (though checked for a short time by some), was cured by a saturated solution of *China* in port wine. This was not prescribed by myself, though I had before given drop doses of *China* 1x, with only temporary benefit.

South View House, Ramsgate,  
November 13th, 1883.

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### THE CLIMATE OF AUCKLAND, NEW ZEALAND.

In a private letter from our valued friend, Dr. Murray Moore, of Auckland, we read as follows:—

"Concerning the excellence of this climate, here, in Auckland city, limes, citrons, oranges, lemons, even bananas, ripen freely, and a date palm has been successfully grown. There are no extremes of heat and cold. Invalids with weak lungs, and especially bronchial sufferers, would do well to remember us.

"You can now send an invalid out here by direct steamer in first-class style for £60. This service is monthly, and has

splendid steamers. We are now expecting the Doric, an ex-White Star liner, direct from London, July 28th, thus making the trip in forty-three days.

"With doctors we are fully stocked, having three legitimate and three illegitimate practitioners of Homœopathy in a population of only 30,000."

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### A SEVENTH SENSE.

SIR WILLIAM THOMSON, the eminent Professor of Mathematics in the University of Glasgow, in his inaugural address as President of the Midland Institute at Birmingham, broached the idea of the existence of a magnetic sense. This sense he called the seventh sense, to distinguish it from our other six senses—namely, those of sight, hearing, taste, smell, heat, and force. He said that, in speaking of a possible magnetic sense, he in no way supported that wretched grovelling superstition of animal magnetism, spiritualism, mesmerism, or clairvoyance, of which they had heard so much. There was no seventh sense of a mystic kind. Clairvoyance, and so on, was the result of bad observation chiefly, somewhat mixed up with the effects of wilful imposture, acting on an innocent and trusting mind. If there was not a distinct magnetic sense, it was a very great wonder that there was not. The study of magnetism was a very recondite subject. One very wonderful discovery that was made in electric magnetism was made by Faraday and worked out very admirably by Foucauld, an excellent French experimenter, showing that a piece of copper, or a piece of silver, let fall between the poles of a magnet, would fall down slowly, as if through mud. Was it conceivable that, if a piece of copper could scarcely move through the air between the poles of an electric magnet, that a human being or living creature in the same position, would experience no effect? Lord Lindsay got an enormous magnet, so large that the head of any person wishing to try the experiment could get well between the poles; and the result of the experiment was marvellous, the marvel being that nothing was perceived. Sir William Thomson, however, was not willing to admit that the investigation was completed. He could not but think that the quality of matter in the air, which produced such a prodigious effect on a piece of metal, could be abso-

lutely without any perceptible effect whatever on a living body. He thought the experiment was worth repeating; and it was worth examining whether or not an exceedingly powerful magnetic force was without perceptible effect on a living vegetable or animal body. His own speculations had led him to conclude that there might be a seventh or magnetic sense; and that it was possible an exceedingly powerful magnetic effect might be produced on living bodies that could not be explained by heat, force, or any other sensation.—*British Medical Journal*.

## BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq.

THE plants mentioned in the following short sketches are such as are in common use in homœopathic practice, or may have been mentioned in homœopathic literature, with some particulars as to their sphere of action, and in the hope that by knowing the effects of some of our common "weeds" useful and practical information may be obtained concerning their use in disease (according to the homœopathic law) when medical help is not obtainable. When in the country, and wanting certain medicines, the writer has been glad to find in nature what could not be obtained at a shop, at least at the moment. I propose to mention them in their botanical order, consequently commence with

### ORDER 1.—RANUNCULACEÆ.

*Clematis Vitalba* (the Traveller's Joy).—This beautiful climber is known to all; its dark green foliage climbing thickly over almost every hedge in chalky or limestone districts is one of the earliest signs of coming spring; its abundance of sweet-smelling flowers later on laden the air with their rich perfume, and in the autumn the hedgerows are white with its feathery seed-plumes. This plant, like most of the order, is very acrid, its leaves producing a warmth on the tongue, and if chewed for a short time causes blisters. They also blister and ulcerate the skin when rubbed on it, although in France the young sprouts are boiled and eaten as a vegetable. Like its namesake, better known in homœopathic *Materia Medica* (*Clematis erecta*), it was used internally as a cure for the lues venerea, and like the *erecta* also, it is likely to be a good

remedy in scrofula, and ought to be thoroughly proved. It is good also in certain forms of rheumatism.

*Anemone Pulsatilla* (the Pasque Flower).—This plant, although very much like the *Pulsatilla nigricans* of the homœopathic pharmacopœia, is not the same, and should never be used for it. It flowers in the early spring *only*, and where common the pastures are often tinged with its elegant purple flowers. It is found on grassy pastures and chalky declivities in several parts of the country, especially Hertfordshire. Its flowers are lighter in colour than the *nigricans*, and are upright, whereas the *Pulsatilla nigricans* flowers *twice* in the year. The latter are of a beautiful dark, almost black blue, much more hairy, much smaller and reflexed, with the petals bent back at the top. Its medicinal virtues are similar to those of *P. nigricans*, and it has been used with considerable success in diseases of women—headaches depending on functional derangements, inflammation of the eyes and eyelids, and malignant ulcers. It is useful in discharges from the ears, nose, eyes, etc. It is very acrid.

*Anemone nemorosa* (the wood anemone, or wind-flower), found in abundance in groves and thickets in early spring, is about four to eight inches high, flowers white or with a purplish tinge. Very similar in its action to the last-mentioned. Not proven.

(To be continued.)

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## CHOLERA BACILLUS.

As the result of investigations conducted by Professor Koch in Egypt, the discoverer of bacillus tuberculosis has arrived at the conclusion that there is a specific cholera germ, to which the disease owes its origin, and to the multiplication of which its ravages are due. The researches so far conducted tend to convince Koch that the organism in question has many features in common with the bacillus inseparably associated with his name; and in the communication addressed to the German Government, in which he details the discoveries he has made in Egypt, he requests permission to proceed to India with a view to further identification of the bacterium.—*Medical Press and Circular*.

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## THE EYE OF GAMBETTA.

From the French of DR. DE WÉCKER.

ABOUT five p.m. in the spring of 1867, as I returned to my consultations, I met two gentlemen waiting near my house. One of them addressed me: "Dear *confrère*, we are waiting to see you; I wish to have your advice about a friend, and request the favour of an immediate consultation." I invited them into my consulting room. After leaving the patient in the dark room, I asked my *confrère* what was the matter?

"You will easily find out," he said. "We desire your frank opinion."

It was easy to recognise the disease from which our patient suffered. The anterior part of the globe of the eye, furrowed by dilated vessels, had acquired such a volume that the distended eyelids could scarcely cover the organ. After a rapid examination, I thus addressed our client: "You wish for my frank opinion? Well, my advice is, that as soon as possible you will have this eye removed. It is not only the cause of continual annoyance, but it is a veritable source of danger to its fellow."

"When?" replied my patient.

"As soon as possible."

"What day?"

"Tuesday, if you are willing."

"At what hour?"

"At ten."

"I shall await you," was the short response.

I was surprised, and I then surveyed with attention this young man who accepted, with such *sans froid*, an operation to which people generally consent with hesitation. His face beamed with intelligence, and marked the energy of his character; his speech was quick and energetic, with the harmonious cadence of the south.

Leon Gambetta was before me; the *confrère* with him was M. Fieuzal.

"I agree with you thoroughly," said M. Fieuzal; "from the difficulty the eyelids have in covering the distended eye, it results, that on the least excitement, as excess of work, the diseased organ becomes inflamed and painful."

M. Gambetta related how he had injured his eye; whilst watching the operations of a turner, a small splinter struck him; traumatic cataract resulted; the enormous distention had also come on, which induced him to consult me. The

resolution was come to that an operation should be performed. It was not without reason that I wrote in my "Ophthalmic Surgery," some dozen years afterwards, the following words :—

"Better perhaps than any other, I know the great responsibility which the oculist has to incur: a want of resolution on my part in one case might have exercised a marked influence on the destinies of the country of my adoption."

At the precise hour fixed on, accompanied by my assistant, Dr. Borel (Rouen), I entered the modest apartments then occupied by Gambetta, in the Rue Bonaparte. I found there several friends with Dr. Fieuzal. The patient resolutely lay down for the administration of ether.

I had a new surprise; a minute had scarcely elapsed before he was insensible. The operation was speedily performed.

Recovery took place rapidly; in two or three days Gambetta was able to be up.

I went daily to the Rue Bonaparte. I soon noticed the *empressement*, almost fanatical, of his friends. I could not understand such devotion. Struck by curiosity, I asked one of his companions—

"Who is this Gambetta, for whom you seem to have a veritable worship?"

"Ah," he replied, "you do not know him yet, but you will one day see."

A little time afterwards the same prophecy was uttered to me.

In the month of September, 1869, when sending the eye to Professor Ivanoff, one of the most skilful histologists of his time, I wrote :—

"The specimen I send is the eye of a man destined one day to play a high rôle. I pray you will take care of it."

From year to year I waited for Professor Ivanoff's description of this specimen. About two years ago he died at Mentone, where he had gone to seek health in a climate milder than his own. On his death his preparations passed into the hands of his most attached pupil, Duke Charles of Bavaria, brother of the Empress of Austria, and of one of my most gracious ex-patients, the Queen of Naples. I confidently believe that the Duke has taken lessons from his master, not only in general Ophthalmology, but in the preservation and conservation of ophthalmological specimens, so that this relic will be safe in his hands. In many points of view, this eye is interesting at the present day.

The operation I performed on Gambetta necessarily brought about later and amicable relations with him. Receiving him at my table, in company with men of the most opposite opinions, it was pleasant to watch how he charmed all by his fascinating manner. At the beginning of the siege, Gambetta sent for me to the Ministry of the Interior, Place Beauvau, where he resided. It was to do him a favour. Gambetta had a memory, another quality in which he resembled Mirabeau.

He was grateful to his physicians and surgeons. When, rightly or wrongly, he selected a medical man, he placed confidence in him for life. Though Gambetta, in later years, occupied a position in the State, when access to him became more difficult, yet I saw him often. His confidence in me remained unabated. Is it not true that fidelity to the physician is the concomitant of high intelligence and a generous heart? Intelligence aids in the selection of a medical man, the heart attaches.—*Midland Med. Miscellany*.

## CASE OF CHLORAL POISONING.

By ARTHUR MECHAN, Glasgow.

A GENTLEMAN, twenty-six years of age, was suffering extreme pain from syphilitic rupia, for which I prescribed the following mixture, in order to relieve his sufferings and to induce sleep:—

℞ Hyd. chloral. ʒvj; pot. bromid. ʒiv; aq. aurantii ad ʒiv. ʒij to be taken at bedtime.

The patient wilfully swallowed the whole contents, except one ounce. The draught must have been taken about midnight, and the patient was not seen till next morning at eight o'clock, when his mother saw him, and she, thinking he was sleeping naturally, did not disturb him. He was again seen at ten o'clock, when an effort was made to awaken him, which, however, was unsuccessful. I was then sent for; and, on my arrival, at half-past twelve, I found him lying flat on his back, his eyes and mouth wide open, and the conjunctivæ injected. There was congestion of the capillary system generally, heavy breathing, complete muscular relaxation, and reflex action abolished. The pulse was slow and full, the temperature 102°. He was with some difficulty aroused, but, by continuous efforts, was kept awake,



and so far roused as to be persuaded to swallow some strong black coffee. By applications both vocal and physical, he was at length awakened to a sense of his position, but, on withdrawing the stimuli, he relapsed into a drowsy condition. Strychnine was then administered, and instructions given to keep him awake. In three hours' time he was completely conscious, and felt quite well, except for a feeling of great lassitude. The strychnine was repeated, and, during the afternoon, he was quite ready and able for dinner. His temperature fell two degrees, and his pulse regained its natural strength and volume. His return of consciousness, he himself states, was just subsequent to his having the coffee, and his prior loss of consciousness began immediately after he had swallowed the chloral. To my positive knowledge, no narcotic had been taken for at least six months previous to this occurrence, but at that time he could take four grains of solid opium. Chloral he has had on two occasions in sixty-grain doses. He never had taken bromide of potassium before. On this occasion he swallowed 270 grains of chloral, or nearly five drachms, combined with three drachms of bromide of potash. Such is the history of the case: its full value is lost, of course, owing to the length of time elapsing between the taking of the poison and the notifying of the symptoms. Ten hours had elapsed before my seeing him; but I think, had he been allowed to continue his slumbers undisturbed, the result would have been the same—very complete recovery. The poisonous effects must have been much more decided during the hours immediately succeeding his taking the draught.

Dr. Levinstein reports a case where the dose taken was six drachms, and recovery ensued; but in his case twenty-four hours elapsed before consciousness was restored, and that only after continuous treatment from the first hour of the poison being taken.—*British Medical Journal*.

### THE PEARCE FUND.

Amount collected as per *Homœopathic World* ..... £10 0 0

WE wish to state that a portion of this sum has already been remitted to the widow of Dr. Pearce, and that the remainder will likewise be paid to Mrs. Pearce through Dr. Midgley Cash, of Torquay. We had hoped to bring together a largish sum, but have entirely failed in our endeavours. The fund is now closed.

DR. THOMAS ON THE REPORT TO THE ASSOCIATION FOR THE ADVANCEMENT OF MEDICINE BY RESEARCH ON THE RELATION OF MICRO-ORGANISMS TO TUBERCULOSIS.<sup>1</sup>

THE *Practitioner* for April, 1883, contains pages 241 to 320, illustrated with plates of *Bacillus Tuberculosis*, drawn by Mr. Edgar Thurston by means of Beales's neutral tint reflector, with magnification duly specified. Your readers are referred for full particulars to the original, which, although out of print, may be obtained from various medical libraries or medical societies. To those who may be unable to obtain the paper, I would say that in my opinion Dr. Cheyne has fully considered the subject and fairly and honestly weighed the evidence, and his deductions are the natural conclusions from the evidence and experiments detailed in his communication.

Pages 241 to 243 mention Klebs's paper of 1877 as to micrococci producing tuberculosis; also his methods of cultivating the infective fluid; Dr. Max Schüller's experiments in 1880 and Professor Toussaint's paper in 1881 on micrococci producing tuberculosis; also Aufrecht's paper in 1881 on the same subject—Aufrecht in a later paper, however, regarding Koch's bacilli as the same thing.

Further, Koch's discovery, which is thus introduced:—

"This brings us to the now famous research of Koch, published in the *Berl. Klin. Wochenschr.*, No. 15, 1882. He showed that a peculiar kind of bacillus was constantly present in tubercle, natural or artificial, and in all animals, and he was able to cultivate this bacillus, and, by inoculation with the cultivated organism, to produce the same disease as follows the inoculation of tuberculous material. About ten days after Koch published, Baumgarten wrote on a bacillus which he had found in artificial tuberculosis, and which was undoubtedly the same as that described by Dr. Koch. His observation was made quite independently of Koch's, but he did not furnish any proof that the bacillus was the cause of the disease."

Then follows an account of Dr. Cheyne's continental visit and investigations. He fully details his visit to Professor Toussaint in Toulouse, explaining his method of cultivating

<sup>1</sup> Report to the Association for the Advancement of Medicine by Research on the Relation of Micro-Organisms to Tuberculosis. By W. Watson Cheyne, M.B., F.R.C.S. No. 178, *Practitioner*, April, 1883.

fluids and the *modus operandi* of his experiments generally, mentioning results of five *post-mortems*, and receives from Toussaint portions of various organs of tuberculous animals and specimens of his micrococci for his investigation. Results of these investigations are given in pp. 270 to 277, in which is the following statement:—"The result of this experiment is that five animals inoculated with the organisms cultivated from the second of Toussaint's tubes remained well without the development of tubercle."

Dr. Cheyne called on Dr. Schüller in Berlin on August 5th, 1882, and had a long conversation with him on the subject of his experiments. "He admits that Koch's tubercle bacillus can cause tuberculosis. This he considers absolutely proved by Koch; but he thinks that other things may also be the carriers of contagion," etc., etc. (p. 246). "In reference to his views, it is important to note that his (Schüller's) cultivations did not always produce tuberculosis, that they did not always kill so rapidly as tuberculous material, and that phthisical sputum was more virulent."

Dr. Cheyne, in pages 299 to 302, writes further on the subject of Schüller's experiments, showing the fallacy of his arguments.

The next visit is to Koch, from account of which the following is taken:—

"Koch's method of cultivating on solid materials instead of in liquids is so well known that a reference to its advantages is unnecessary. In the case of the tubercle bacillus it was found that the organism would only grow at the temperature of the human body, and therefore it was necessary to use some other material than gelatinised infusions. He accordingly solidifies blood-serum at such a temperature as to leave the serum as transparent as possible. The serum is put into purified test tubes plugged with cotton-wool, and for several days in succession (usually six) these tubes are kept at the temperature of 58° C. for an hour. At the end of that time the tubes are laid obliquely in the incubator, so as to have a large surface for inoculation, and kept at a temperature of 65° C., or a little higher, till solidification is complete. This occurs in a few hours. The tubes are then kept for some days till it is certain that the serum has been thoroughly sterilised, and then they are ready for use. Koch generally employs sheep's serum." (Pp. 247, 248.)

Further account is given in detail of the excessive care used by Koch in inoculating this serum from tuberculosed

animals, and injection from the cultivations so obtained into healthy animals to induce tuberculosis.

Dr. Cheyne details his witnessing Koch's method of inoculation, with results (all satisfactory), and mentions a number of *post-mortems* of animals which were inoculated before Dr. Cheyne's visit, all showing the accuracy of Koch's discovery and experiments. Koch gave him tubes containing bacilli and several pieces of tuberculous organs for his future examination. In pages 277 to 280, and pages 291 to 296, full particulars are printed of the result of examinations of these tuberculous organs and tissues. In pages 280 to 291 is given an account of Dr. Cheyne's experiments with the bacilli from tubes given him by Dr. Koch, all these experiments producing tuberculosis and development of the bacilli.

On page 251 is a very characteristic letter from Professor Klebs "stating his position with regard to the question of the organisms of tubercle."

Pages 253 to 258 contain particulars as to the methods and value of staining sections for microscopic purposes. Pages 258 to 263 are taken up with a careful exposition and analysis of the question as to non-tuberculous matter producing tuberculosis, giving result of Drs. Burdon Sanderson and Wilson Fox; also Cohnheim, Fraenckel, Lebert, Waldenburg, Schottelius, and Dr. Carl Solomonsen's labours and papers, and, carefully analysing, show the unsatisfactory results of the same. Pages 263 to 268 give Dr. Cheyne's experiments in this direction with satisfactory conclusion as to his opposition to this view, having previously referred to Klebs's criticisms and Baumgarten's experiments in confutation of tuberculosis being produced by inoculation of non-tuberculous material.

Pages 296 to 299 carefully review this question, and show the fallacy of such notions, ending with this decided sentence:—

"Now it has been shown that inoculation of the inflammatory masses produced in the lungs by inhalation or intravenous injection is not followed by tuberculosis. With regard to the early experiments on this subject it must, however, be remembered that at that time the communicability of tubercle by mediate contagion was not recognised, and as the precautions necessary for thorough disinfection of instruments, etc., had not yet been made out, the channels for the possible introduction of specific micro-organisms were left unguarded." (Page 299.)

Pages 299 to 302 consider the question of micrococci inducing tuberculosis, showing that such is not the case.

Pages 302 to 319 treat of the results of Dr. Cheyne's investigation of Koch's discovery; from these pages, with the exception of one excerpt, the following extracts are taken:—

"In Koch's research the results are much more definite than any previously obtained. He also cultivates micro-organisms from tubercle, but now it is no longer the fact that he only sometimes succeeds in causing tuberculosis, and that the tuberculosis thus produced occurs as slowly, or more slowly, than inoculation of tuberculous material.

"The result of the inoculation of his cultivations is certain, and the disease is more rapid in its commencement than after inoculation of tuberculous matter. I have given so fully the details of my visit to him, and the result of the investigations which I have carried on with the materials obtained, that I need only refer very shortly to the facts. In Berlin I was able to see a large number of cultivations from a great variety of sources, all presenting the same appearances and containing tubercle bacilli alone. I examined some of these in Berlin, and have examined those I brought back with me, and I find nothing but tubercle bacilli, no other micro-organisms, no remnants of the original tissue or caseous material. Indeed, the method of cultivation is such as soon to get rid of all the original cheesy material—a tubercle is crushed, and at numerous points on the surface of the serum little masses are seen to appear. One of these masses is picked up and crushed out thoroughly over a large surface of fresh serum. Again fresh masses appear all over this serum, and one of these is again taken and crushed out and so on. Thus the original cheesy material is very soon lost, and nothing remains but the organisms which have developed from it.

"The serum in the tubes may be allowed to dry up, as occurred in one of my tubes, but still the bacilli grow when transferred to fresh serum, and produce tuberculosis when inoculated into an animal." (Page 302.)

#### *Description of the Tubercle Bacillus.*

"The tubercle bacilli vary considerably in length, the longest being about the  $\frac{1}{1000}$ th of an inch. They are narrow (about one-fifth or one-sixth of their length), more or less rounded at the ends, and they generally present a

sort of beaded appearance, clear spots with intermediate stained parts, the rod outside the clear spots being also stained. The number of beads in a single rod varies from four to eight, and is, on an average, six. The rods are generally straight, but they are not uncommonly more or less curved. In tissue they are generally found singly, or sometimes in pairs, united at their ends or stuck together side by side. . . . According to Koch they are motionless." (P. 269.)

"The presence of motion is not a constant attribute of bacteria; indeed, if that were necessary to prove the bacteric nature of a rod, many bacilli, such as the bacillus anthracis, would be looked on as crystalline. . . . The best test that we possess is growth under suitable circumstances, and this proof Koch has supplied with regard to the tubercle bacillus." (Pp. 305, 306.)

#### *Definition of a Tubercle.*

"The structural definition of a tubercle must therefore run somewhat as follows:—A nodule composed of a central mass consisting in the main of epitheloid cells, or in its place a cheesy mass, surrounded by more or less inflammatory tissue, with or without the presence of giant cells.

"The absolute diagnostic mark is, however, the presence of the tubercle bacillus. . . . I know of no morbid structure except tubercle which contains the same histological elements, arranged in the same way and possessing the same tendencies." (Pp. 312, 313.)

#### *Contagiousness of Tuberculosis.*

"I do not imply that bacilli when inhaled must grow in the epithelial cells; they may pass on and be caught in the bronchial glands, or they may not grow at all. I only refer to what occurs in cases where phthisis is developed. I do not think that the development of phthisis is merely a question of soil, but it seems to me that the lung must in addition be prepared, so to speak, for the reception of the bacillus, as may be the case if congestion or slight inflammation be present at the time of the inhalation of the organism." (Footnote, p. 314.)

#### *Dr. Cheyne's Conclusion.*

"A consideration of all the facts has led me to the conclusion that tuberculous processes in the lungs are due to

the tubercle bacilli, and, so far as I know, to them only." (P. 318.)

In conclusion, my advice to your medical readers is to get the original communication by Dr. Cheyne, and not only read it, but consider it, for it is well worth the trouble to have a clear view of this most important question.

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## BIRD'S-EYE VIEW OF HOMŒOPATHY IN GREAT BRITAIN, WITH SPECIAL REFERENCE TO THE HOSTILITY OF THE MEDICAL PROFESSION TO THE SYSTEM.

By DR. JOHN MOORE.<sup>1</sup>

THIS is a very useful practical lecture, in the nature of an historical survey. The following passages are full of marrow :—

You perceive, therefore, that the upper classes were first touched by the new system, and the poor next, through the establishment of dispensaries and hospitals ; and the early converts amongst the medical profession were chiefly of the higher grades of our profession, pure physicians, or pure surgeons, and the general practitioners, or what is now called the rank and file of the profession, were only reached after several years. How was this? They waited for the decision of the heads of the profession, for the honorary physicians and surgeons of the great hospitals and schools of medicine to pronounce on the truth or falsehood of Homœopathy. At first the trumpets of allopathy gave an uncertain sound, and when it became certain, we all know too well what it was. Notwithstanding, general practitioners here and there examined Homœopathy, tested it, and embraced it ; and as they did so, they brought over to the new faith a goodly number of their patients, and it was thus that the middle class of society became impregnated with the truth of Homœopathy—viz., by the conversion of their own family doctors ; and this process went on increasingly until curses loud and deep against Homœopathy came forth from the colleges, the medical societies and associations. These took effect on the timid and wavering ; and as it was at all times an irksome thing for the man in busy practice to take

<sup>1</sup> Being the Presidential Address delivered at the British Homœopathic Congress held at Matlock, September 11th, 1883.

up a new thing, which required much careful study and experiment, and as he thought wiser heads than his own had decided against the system, he refrained from independent inquiry. Perhaps his own indolence, as Hahnemann often said, was the cause of non-inquiry into Homœopathy, according to the dictum of the poet—

“ Let power or knowledge, gold or glory please,  
Or oft more strong than all, *the love of ease.*”

I will here hazard an answer to a question often put to us—viz., “ Why does Homœopathy spread so much more rapidly and thoroughly in America than it does in Great Britain ? ” I will preface my answer by quotations, to show the facts to be as above stated. At the annual meeting of the American Institute of Homœopathy, held this year at Niagara Falls, the president, Dr. Bushrod James, congratulated the meeting on their great success, their high social standing, and the number of their converts. He called on the laity to be active in getting possession of the charities. Dr. Talbot, as chairman of the Bureau of Registration and Statistics, stated that there were now twenty-seven State societies, thirty general hospitals, and a large number of *special* hospitals, forty-seven dispensaries, eleven medical colleges, with 1,300 students, 440 graduating annually, 7,400 physicians practising Homœopathy openly, besides a much larger number who use it more or less clandestinely. These facts cannot be questioned. What is the explanation, or in other words, what is the answer to the questions put above ?

The answer is twofold: First, there is no hard and fast line separating class from class in that republican country as there is in ours, and knowledge of every kind travels more rapidly there than here; the education of the middle and lower classes is very much higher and better than here; their national schools which had existed some fifty years before our Board schools were established, have done great things for them, and the poorest man there has his newspaper, and his newspaper has everything in it which is novel. My second reason is that the American doctor differs considerably from the English practitioner; that smart, quick-witted person reads of Homœopathy, sees there is something in it, tests its truth, decides on the testimony of his own senses, and embraces it cordially. He does not wait till the *heads* of the profession reason all the truth out of Homœopathy, and thrust in all the erroneous and misleading state-



ments they can muster, vilifying Hahnemann at the same time. No! he adopts the facts and evidence and goes into the reasonings and knotty points and theories, as to dose, etc., afterwards. Such I conceive to be the chief causes which account for the great success which has attended Homœopathy in the United States of America.

*Authority* rules the Briton, *Independence* the American. Though we all feel greatly disappointed at so small a number of avowed homœopaths in this country, I may be permitted to say that it could not be expected that the system in its early days could have more than a tithe of the profession as its converts.

Had Homœopathy been presented to the English mind as a new system of specific treatment based on the proving of medicines on the healthy body, and their application to the cure of the sick in very minute doses, it might have fared better than it did, but coming weighted with the psora theory, and the dynamisation theory, and the infinitesimal dose to boot, it was more than the practical English mind could receive; and when we consider the classes of men of which the medical as well as the other professions are composed, it is easy to perceive that only one section of the profession was likely to adopt it. In every profession there will be found three classes of men:—

1st. Those who regard their profession as a means of livelihood; and with them the important question is, What will pay?

2nd. Those who set a higher value on social position, so-called respectability, and the high opinion of their colleagues, and probably this is the largest class in all the professions.

3rd. Those whose love of the true and the good is the supreme motive power of their lives, and who keep the love of position and of wealth in subserviency to the higher motives. This is unhappily the smallest class.

In our little body we doubtless possess representatives of the three classes, but I am bound to say from an experience of thirty-five years amongst them, that the great preponderance of our members is drawn from the third class—men whose supreme love of truth and justice has led them to give Hahnemann a hearing and Homœopathy a fair trial, and who have embraced it because it was true, and without regard to their worldly interests—indeed converts who were in full practice when they declared for Homœopathy necessarily had to make sacrifices, such as the loss of timid

patients, giving up public appointments, clubs, etc., or if they were able to retain their appointments, as in the case of Professor Henderson, who became a convert to Homœopathy in 1844, they had to endure as much persecution in their office as it was possible for professional hatred to manifest. Happily, in his case, he lived long enough to receive the confession of regret from his arch-persecutor.

We recommend our readers to get this Presidential Address of Dr. Moore's, and strew it by the thousand all over the country.

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### THE PERFECT TUBE CLEANER.

IN these bottle-feeding days, it is of prime importance that the entire feeding-bottle apparatus should be kept scrupulously clean. The feeding-bottle itself is readily cleansed, but the tube and teat are not so easily got at. Many means have been devised for this purpose, none of which have hitherto appeared entirely satisfactory; but the "*Perfect Tube Cleaner*" fulfils every requirement, and hence we strongly recommend its use to all careful mothers. It is a valuable invention, and consists of a rod of fine twisted wire, some fourteen inches long, at one end of which is a small cotton brush and a loop, the latter being intended to facilitate the passing of the indiarubber tube through the aperture in the cork of the feeding-bottle. By means of the cotton brush the teat, with a little manipulation, can be most effectually cleansed. At the other end the rod terminates in a coil of wire, arranged in the form of a cone, its apex joining the rod. The end bearing the cotton is first inserted into the tube, and the whole length of the rod is drawn through it. By the use of this appliance all impurities, such as clots of sour milk, etc., are completely removed, and one great objection to the use of the feeding-bottle is thus done away with.

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### NITRATE OF URANIUM.

DR. J. C. KILGOUR, in *Medical Brief*, relates an aggravated case of diabetes in an old man, in which he prescribed the following:—*Nitrate of Uranium*, 12 grains; distilled water, one ounce; dose, ten drops three times daily in a teaspoonful of water. A perfect and permanent cure was effected.

## Obituary.

### CHARLES E. BLUMENTHAL, M.D., LL.D.

ONE of the most remarkable men of this remarkable age has gone home. The mere enumeration of his life's events is in itself a veritable apotheosis.

Concerning him the *New York Medical Times* writes:—

"Charles E. Blumenthal, M.D., LL.D., a distinguished physician of this city, died at his residence, 54, West 45th Street, October 11th, in the sixty-ninth year of his age. Dr. Blumenthal was born in Hamburg, Germany, of Russian parentage on the father's and of Scotch on the mother's side. He was educated in the Lyons Gymnasium, France, and received the degree of Doctor of Medicine from the University of Berlin. His uncle, General Blumenthal, was a distinguished officer in the French army. His early training was by the Jesuit Fathers, who predicted he would reach distinction as a priest in his church or as a heretic. He left Germany for political reasons, and entered the Central American service, where he served as captain. He afterwards commenced the practice of medicine in Charleston, where he practised with marked success as an old school physician for several years.

In 1848 he was elected to the professorship of the Oriental and modern languages in Dickinson College, Carlisle. He was not only familiar with Hebrew, Arabic, and Sanscrit, but with all the modern languages of Europe. While at Carlisle he preached for some time to a Lutheran congregation in the Methodist Church, to which he then belonged, and was also admitted to the Bar as a lawyer. He also translated the *Life of Christ*, by Neander, published by the Appletons, and a *History of the Christian Church*, by Dr. Hase, published by the Harpers. He was the author of a popular work on *Mythology*, and contributed to various periodicals.

Dr. Blumenthal established himself in New York as a physician of the new school about twenty-five years ago, and soon gained an extensive practice. He was at one time President of the New York Homœopathic Medical Society, one of the editors of the *New York Medical Times*, and later the editor of the *American Homœopath*. He was Grand Commander of the Grand Lodge of Knight Templars. His body was taken to Washington, Pa., for cremation.

## GEORGE JAMES HILBERS, M.D., M.R.C.S., L.S.A.

SINCE we last went to press a notable homœopathic physician, Dr. Hilbers, of Brighton, has joined the majority.

The deceased gentleman was born in London, on June 15th, 1818. He was educated at a large school at Totteridge. He went through his medical curriculum at Guy's, and took the College in 1841, the Hall in 1842, and graduated as M.D. St. Andrews in 1845.

Dr. Hilbers began practice at Upton, in Cheshire, in 1843, and while here became convinced that there was truth in Homœopathy, and contrary to the advice and wishes of his friends he gave up his practice and went to Vienna to study Homœopathy. There he remained about a year. On returning to England he first settled in Norwich, but in about eighteen months removed thence to Liverpool, where he remained seven years, when his health broke down, and he went to Brighton; that was about thirty years ago. During these many years Dr. Hilbers carried on a very large practice, principally amongst the *élite* of society, and won and retained the confidence and esteem of a very important *clientèle*.

Dr. Hilbers had a powerful influence over people, and this he invariably exerted in the cause of truth and right. He was an ardent and consistent homœopath, and believed that the world was to be won over to Homœopathy by its practical results at the bedside rather than through literary efforts. It falls to the lot of but few to be so sincerely regretted by so many to whom he was so much. The gap in his large happy family will never be filled. Peace and love to his memory.

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A friend who had known Dr. Hilbers long and intimately writes thus (*Brighton Gazette*, Nov. 10, 1883) :—

“Of one possessed of such rare talents and so versatile a genius it is difficult in a few words to give anything like an accurate sketch. Of a simple nature, with a total absence of self-consciousness, only those who knew him well knew how eminently gifted he was. A brilliant talker, perhaps few persons delighted more in the exercise of conversational powers, while his ready wit, his retentive memory, his great aptitude at quotation, joined to a remarkable capacity for grasping, at a glance, the various issues of a question, made his conversation always striking and original. A keen debater, he took the liveliest interest in politics, into which he had a deep insight, and especially those

be ring upon the the theological questions of the day, on which he entertained very strong and decided views. A clever writer, a fine classical scholar, he devoting most of his leisure moments to the culture of his mental powers, being to the last a diligent student. While enjoying a large measure of popularity, and his company eagerly sought after, it was only on the rarest occasions that he left his own circle, his delight being in his own family, and in the society of a few intimate friends gathered around him. Simple and unostentatious in his own house, he loved to practise a true hospitality such as is rarely met with, never, perhaps, shining so well, and never so happy, as when engaged in its exercise.

"Of his unwearied kindness it is difficult for any one person to speak in adequate terms, for while so many experienced his large-hearted generosity, few knew how extended it was. Many touching instances might be adduced were it permissible, and all rendered doubly valuable by the tenderness and delicacy with which he gave his help without making the smallest pretence, often even hiding under a cold exterior his warm and sympathetic nature. He possessed an extraordinary capacity of throwing himself into the difficulties of others, identifying himself completely with their troubles, and sparing no exertions to remove them. Especially did his fine and generous nature revolt from anything approaching harshness and injustice, and he was at all times unsparing in his efforts to redress the wrongs of others. It is no wonder with these qualities that he was universally regarded with feelings of affection of no common sentiment, so that of him it might be truly said that he was beloved by all who knew him; and, great as were his other claims upon the esteem and devotion of his friends, he will ever be remembered as the true and generous friend, the ever-ready and kind adviser who made all their troubles his own. He leaves behind him the example of true Christian courtesy and unbounded charity."

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RAGWEED, as a potent factor, or exciting cause in the annual blossoming of hay fever, hay asthma, or ragweed fever as it is sometimes called, has no equal. Provinga point to its use in pertussis, especially when there is nosebleed; and I have prescribed it in three cases of this kind, with very flattering results.—DR. E. E. HOLMAN, *Med. Advance*, September, 1883.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### A REMARKABLE CURE.

DEAR SIR,—At the beginning of this year my wife was appealed to by a lady who takes an interest in poor children to undertake the care of a little child for a time, until its mother, who was in a most destitute state, could be helped into a better position.

We consented, and accordingly the little one was brought to us.

And not having previously seen it, we naturally expected that a child of twelve months old would be fairly grown and able to help itself a little. But, to our surprise and regret, we found that it was a poor, puny, helpless little thing, and suffering severely from “rickets,” the result of gross neglect. The spine was curved like a rainbow, and the legs and arms were the same, and useless. The ribs seemed all disjoined, and the stomach *very* large.

It had not a tooth in its head nor the sign of one, and along with all this a most distressing cough. And, strange to say, the symptoms developed rapidly for a time after coming under better care.

Becoming alarmed at the symptoms, my wife took him to an allopathic dispensary. Medicine was prescribed, and stays with a strong steel for the back were also ordered.

There was no improvement, and not being satisfied myself, I applied to Dr. Moore, a homœopathic physician of this city, well known for his sympathy for the poor and suffering, who not only gave his advice, but most generously supplied all the requisites for the treatment.

Stays and steels were repudiated, and salt baths and rubbings with oil afterwards, the spine to be rubbed downwards; these were the *outward* applications. The medicines were *Phosphorus* 12 and *Calc.-Carb.* 12, with a little cod liver oil daily administered.

This treatment has been followed up for a few months with most marvellous results. The back and limbs are as straight as arrows, the ribs and stomach have assumed their

natural shape, and the cough, which yielded immediately to the medicine, is now entirely gone.

He has ten teeth and an immediate prospect of more. Moreover, he is full of energy and activity, and in mischief from morning till night, and can almost walk alone. He is a wonder to all who know him.

I have both seen and experienced many excellent results from the homœopathic treatment, but this case is a marvel, and speaks volumes for Homœopathy.

I have written this with the object of encouraging any who may have dear suffering ones, and shall feel obliged by your giving it a place in the next issue of your valuable publication.

Yours respectfully,

THOMAS FOSTER, Town Missionary.

43, Vronhill Street, Liverpool.

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#### LETTER FROM DR. MOORE ON THE FOREGOING.

SIR,—The accompanying case is a *bonâ-fide* one. It exemplifies what lay agency can do by Homœopathy. The case is a typical one of tabes and rickets, too common amongst the children of the poor in our large cities, and the deaths from which, as you know well, swell the mortality bills at all our dispensaries. I never saw the little patient, as he began to improve a few days after the first dose of *Phosphorus*, and a weekly at first, then a fortnightly, report was handed in. The case will fill up your lay corner with advantage, and may incite others to love and such good works, as showing what can be done by carefully reporting such cases to a practitioner, and getting two or three hints as to treatment.

I am, yours faithfully,

JOHN MOORE.

51, Canning Street, Liverpool, Nov. 5, 1883.

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#### LETTER FROM "AUNT SARAH."

SIR,—Aunt Sarah and her little book and box beg to offer their grateful thanks to Dr. Burnett for not only not condemning them to "the moles and to the bats," or to some dreadful place, but for "more than tolerating them." Aunt Susan is no "lady doctor." Oh, no! she hates lady doctors, and will

none of them—hates them as cordially as do the knights of the *Lancet*; but she does honestly though humbly claim a little patting for having nearly twenty years done a trifle towards turning the minds of the people towards the more excellent way of medicine. Aunt Susan could sound a little trumpet of somewhat of the success of this trifle, this “grain of mustard seed,” in a small county town. The day she bade farewell to that town was one of mourning among the people. Aunt Sarah has tried to be her “own doctor,” and has found her patients to be just what Dr. Burnett asserts.

Aunt Sarah is perfectly charmed with “Our Duty.” Print it in letters of gold!

Aunt Sarah’s little box and book, and old Aunt Susan too, subscribe themselves, with loving thanks,

YOUR FAITHFUL FRIENDS AND TRUE.

#### LETTER FROM DR. USSHER.

DEAR EDITOR,—The peccant individual’s name is in the *Organon*. An Irishman would not make the quibble. It gladdens me to know Dr. Berridge is *not* a Scotchman, and hence my respect for that nation has risen immensely. Any one else is heartily welcome to him. To take him for an Irishman would have been a “fatal error.”

Yours faithfully,

Wandsworth, Nov. 20, 1883.

H. USSHER.

[This discussion is closed.—Ed.]

#### MODERN ATTENUATIONS.

DEAR SIR,—Dr. Skinner having had his fling at “An Astounded Layman” on the subject of “Modern Attenuations,” on the high (very high) dilution side of the question, permit me, as a medicus using low and medium dilutions in my practice, to express my agreement with “An Astounded Layman” in his conviction that the use of these ultra-high potencies is “calculated to seriously injure Homœopathy, and greatly retard its progress.” The use of enormously high dilutions, by a small number of homœopathic practitioners, has always appeared to me to be somewhat of an affectation.

Granting for the moment that they do act in some mysterious way, does the transcendental dilutionist gain anything, in any particular, by using such dilutions, over and



above the ordinary gain of the ordinary dilutionist—namely, the relief and cure of disease? Can he cure more speedily? If so, let him prove it, but published cases do not show this. Occasionally, in our journals, we read of cases treated by ultra-high potencies with satisfactory results, and, on the other hand, we get details of cases regularly every month, treated by low and medium dilutions with just as great success. Why then go to such needless heights? The generality of homœopathic practitioners use dilutions varying from the first decimal to the sixth, and sometimes the 6th, 12th, and 30th centesimal potencies, and I think the majority of my *confrères* would agree with me in saying that the lower and medium dilutions are found to be satisfactory and curative in their action in nineteen out of twenty cases which come under treatment. This being granted, what possible need can there be for attenuating medicines to such transcendental heights as the *hundred thousandth centesimal*? Hahnemann never went to such lengths, or rather heights, and therefore such a method cannot be called “Hahnemannian,” although the modern ultra-attenuators like to be considered rigid disciples of the master.

Dr. Skinner says “the higher we go the greater the therapeutic power.” If this be so, why do not Dr. Skinner and those who believe this doctrine employ their leisure hours in potentiising their potencies up to undreamt-of heights, and so possess themselves of such enormously potential therapeutic agents that no disease should be able to withstand them for a day? They would thus become the greatest benefactors of the human race in this or any other century. But seriously, does not Dr. Skinner draw the line *somewhere*? Does he really mean this, or did he write off that sentence in a white heat of enthusiasm?

“An Astounded Layman” connects Dr. S. with a “preparation of *moonshine*,” but the honour of this belongs, I believe, to Dr. Swan, who has not only made a preparation of *moonshine* (*Luna* he calls it), but also a *proving*, the details of which are duly set forth in the October issue of the *Homœopathic World*. When such things are, can we wonder that we are ridiculed? But these must come under the head of what “An Astounded Layman” terms “homœopathic extravagances,” and we homœopaths must not be condemned in a body for the freaks of a few.

I remain, dear Sir, faithfully yours,

L.R.C.P.

P P

KNOWLEDGE *VERSUS* BELIEF.

DEAR EDITOR,—I have long maintained that "Belief" is a most unscientific state of mind. Science has no "belief;" it questions all things, taking nothing on credit; it knows but three states of mind—denial, conviction, and that vast interval between the two, which is not belief, but suspense of judgment; and this denial or conviction is always the result of experiment. "An Astounded Layman" declines to "believe" in such attenuations as the 100,000th, and he gives us the reasoning (?) process by which he arrives at such a conclusion. Speaking of the 30th centesimal attenuation, he says, "I have some very feeble conception of all this [the mathematically estimated amount of the crude drug therein], and it is *precisely for this very reason* [italics my own] that my faith (!) in this dilution is exceedingly faint, and that my medicine chest only contains remedies ranging from the 1st to the 5th, or at the very utmost the 12th dilutions." So "An Astounded Layman" first reasons (!?) that such dilutions cannot act, and accordingly never undertakes the experiment; and when he sees cures by these very high dilutions (or potencies, as I prefer to call them) reported by Dr. Skinner and others, he will not admit the validity of our evidence. What evidence will convince him? Here are two facts which may open his eyes somewhat:—

(1) August 29, 1876. I gave Mr. M——, æt. 75, a dose of Sulphur, 20 MM. (Swan), twice a day for symptoms of languor, drowsiness, itching of skin, etc., etc. On September 6th he reported improvement; he also asked me if I had given him Sulphur, because on the second day he felt an emptiness in stomach with decreased appetite, and did not enjoy his food. He said that he always used to have these symptoms when he took brimstone and treacle or milk of sulphur. This 20 MM. potency was made by a continuous flow of water into the diluting vial *for fourteen days!*

(2) March 23, 1881. I gave one dose of Dr. Skinner's Sulphur MM. (F.C.) to a lady suffering from piles and pro-lapsus ani. Like the former patient, she was not told what she was taking. On March 30th she reported as follows: On 24th felt a difficulty in swallowing solids, just as she had a year ago when taking repeated doses of Sulphur CM. obtained from Mr. Alfred Heath, 114, Ebury Street, S.W. The food seemed to scrape over the throat; she has had it more or less every day since, but it is now decreasing. On

25th, 26th, and 27th, drowsiness about 11 a.m., so that she lay down and had a full sleep for an hour and a half, which refreshed her. With this there was improvement of piles and prolapsus. On March 30th I gave her one dose of Dr. Skinner's *Sulphur* DM. (F.C.), and on April 7th she reported that the drowsiness about 11 a.m. had occurred for two or three days, but less; the throat symptoms did not return. If a patient can detect the medicine he is taking by its pathogenetic effects on himself, will "An Astounded Layman" still maintain that there is nothing in these dilutions? "Your pseudo-philosopher who will always think he has plumbed the ocean with his silver-topped cane is a great bore sometimes" ("Puck," by Ouida).

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

## HOW THEY DO IT IN AMERICA.

DEAR DOCTOR,—This committee, for the current year, is constituted as follows (vacancies will be filled when suitable names shall be suggested):

*Maine.*—J. H. Gallinger, M.D., Concord, New Hampshire; F. W. Halsey, M.D., Middlebury, Vermont; H. E. Spalding, M.D., Hingham, Massachusetts; J. C. Budlong, M.D., Centredale, Rhode Island; C. S. Hoag, M.D., Bridgeport, Connecticut; T. L. Brown, M.D., Binghamton, New York; Clarence W. Butler, M.D., Montclair, New Jersey; Hugh Pitcairn, M.D., Harrisburg, Pennsylvania; William Owens, M.D., Cincinnati, Ohio; A. I. Sawyer, M.D., Monroe, Michigan; Moses T. Runnels, M.D., Indianapolis, Indiana; George F. Roberts, M.D., Chicago, Illinois; Lewis Sherman, M.D., Milwaukee, Wisconsin; Arthur A. Camp, M.D., Minneapolis, Minnesota; R. F. Baker, M.D., Davenport, Iowa; Philo G. Valentine, M.D., St. Louis, Missouri; Charles M. Dinsmoor, M.D., Omaha, Nebraska.

*Kansas.*—Ambrose S. Everett, M.D., Denver, Colorado; Tullio S. Verdi, M.D., Washington, District of Columbia; C. H. Lawton, M.D., Wilmington, Delaware; Elias C. Price, M.D., Baltimore, Maryland; J. V. Hobson, M.D., Richmond, Virginia; Morgan J. Rhees, Wheeling, West Virginia.

*North Carolina.*—H. M. Cleckley, M.D., Charleston, South

Carolina; Frank H. Orme, M.D., Atlanta, Georgia; H. R. Stout, M.D., Jacksonville, Florida; William L. Breyfogle, M.D., Louisville, Kentucky; Lucius D. Morse, M.D., Memphis, Tennessee; Wm. J. Murrell, M.D., Mobile, Alabama.

*Mississippi.*—E. A. Murphy, M.D., New Orleans, Louisiana; L. S. Ordway, M.D., Hot Springs, Arkansas; C. E. Fisher, M.D., Austin, Texas; C. B. Currier, M.D., San Francisco, California.

Many of the above-named gentlemen have already distinguished themselves by energetic and successful efforts to secure the rights of our school under State and national governments. Their membership in this committee forms both a guarantee of vigorous work, and an encouragement to all to make sure, each of his own field, that our aggregate force may prove irresistible in the forty-eighth Congress; the object of our work being still, as heretofore, the enactment of a law securing our equal rights in the United States medical service, civil, military, and naval, from which we are now excluded.

The plan of campaign now most approved, and which will be adhered to for the present, is to separately organise the physicians and laity of *each and every Congressional district of the United States*, so as to bring all possible influence to bear directly, by written or printed petitions, letters, resolutions, etc., upon the member-elect in the said district. The *most important* of all influences is the *political*. In every district live the men who make and unmake Congressmen; these, above all, must and can be rallied to our support. They, in turn, are usually under obligation to certain citizens (sometimes to the physicians themselves), and these citizens must be induced to exert themselves to accomplish the purpose. Not unfrequently, the member himself is a patron of Homœopathy; and either on his own account or on that of his *wife* and family, a staunch supporter of our cause. We need, however, *more than support*, in Congress; we must have engineering and *championship*—earnest, acute, persistent. Who shall be our champions?

In other instances one of our physicians may happen to be the chairman, or at least an influential member of a political committee. All these are *levers* which, in season and out of season, directly and indirectly, the district managers must employ, during vacation, and also during the season, to insure our success. To you, my dear doctor, is committed the work of *organising* all these forces within

your assigned boundaries. To your own good judgment and vigour will be due the praise of whatever advantage shall be gained.

Much will finally depend upon the co-operation of our friends in Washington, during the session of next winter; but the result is infinitely more to be determined during the vacation of Congress by the immediate neighbours and constituents of members. If their support is not now secured it may never be, for the ruts of Congressional routine and the inertia of official and social life at the capital, as well as its ancient conservatism in all matters of human progress, soon wear out enthusiasm at best, and never suffer it to be kindled during the term, where it has not previously been lighted. Therefore, now is the time to *secure the pledge of every member*; and, thenceforth, by every means, he must be kept in mind of it continually, until our Bill has passed both Houses, and been signed by the President. Senators are to be secured in each State by like influences; and the Executive as well. "Political punishment," for indifference or hostility to our just claims, let us hope, will not be needed in any case; but when needed it should be *unsparing*; and to those true men who sustain our cause a corresponding *return of support* is due, one may well say, regardless of party affiliations, at this juncture.

The newspaper press is an essential agency. Every local editor, however large or small his paper, should be fully informed in the premises, and his enthusiasm maintained to the end. The *quid pro quo* is not to be forgotten, "One good turn deserves," etc. Statistics are here very important, particularly those relating to the taxes paid by homœopaths, the public recognition of our school in various quarters, State and other; and those showing the *practicability* of appointment of surgeons of our school; the fact that no jar whatever need follow their entry into service. It is well known that during the civil war many such proved valuable and efficient officers, whose service not only saved numerous lives but failed to create any inconvenience. The small number who might now enter could easily be assigned to duty *where most wanted*, without duplicating the surgeons or the drug-supplies at any one post; and it might as well be understood that all homœopathic drugs proper can, if need be, be easily furnished at the private expense of the surgeon himself, as was done during the late war in various instances; or again, from the "hospital fund"—i.e., *the savings*

*of sick men's rations.* Either plan is PRACTICABLE. Further information may be obtained of the chairman if required.

Dr. Tullio S. Verdi, of Washington, D.C., for years the vigorous chairman of this committee, will conduct the work at the capital; and the present chairman, after consultation with him, desires to adopt his emphatic and urgent suggestion that we must *beware of present failure*, which he believes would cripple our efforts for years to come; and that we must summon public opinion to *demonstrate beyond a peradventure* its approval of, and demand for, our equal recognition in Government appointments. The time is fortunate; the Civil Service Reform Bill, now a living law, has established the principle of equal rights for all; and it only remains to make the obvious application to physicians, as equal citizens, and to do it with irresistible force, so that neither the Executive, the Senate, nor the House of Representatives will for a moment gainsay or evade it.

Finally, our young men should be urged to a personal test, by duly preparing themselves, and by formal application for examination and appointment. All required information will be cheerfully furnished by the chairman, and the force of the American Institute of Homœopathy shall be applied to secure justice in every such case.

The following is the text of the joint resolution presented and referred in both Houses of Congress a year ago, and now in the hands of the Senate Committee on Military Affairs (Senate Resolution, No. 96, of July, 1882).

"JOINT RESOLUTION, relative to schools of medical practice in the United States, and to the graduates thereof.

"*Resolved, by the Senate and House of Representatives of the United States of America, in Congress Assembled*, That it shall be a misdemeanour, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make discrimination in favour of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"SECTION 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

The Senate Military Committee is composed of Hons. John A. Logan, of Illinois, Chairman; J. Donald Cameron, of Pennsylvania; Benjamin Harrison, of Indiana; William J. Sewall, of New Jersey; Joseph R. Hawley, of Connecticut; Francis M. Cockrell, of Missouri; Samuel B. Maxey, of Texas; La Fayette Grover, of Oregon; Wade Hampton, of South Carolina.

Members of committees having charge of our Bill, in both Houses, should receive particular attention, as the fate of the measure is largely in their hands, and dependent upon their recommendations.

Yours, etc.,

JOHN C. MORGAN, M.D.

Office of the Chairman of the Committee  
on Legislation, American Institute of  
Homœopathy, 1706, Green Street,  
Philadelphia, July 13, 1883.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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DR. FRANZ ERWIN, MAINZ.—  
You can obtain the *Cypher Repertory* referred to by Dr. Simpson, in his article on Hæmophilia in this journal, of Dr. Hayward, 117, Grove Street, Liverpool. Dr. Hayward is the hon. secretary of the Hahnemann Publishing Society.

MR. JOHN PRICE, CHESTER.—  
Many thanks for your protest *de luna inquirenda*; but why refuse liberty to those who think the lunar rays may be utilised therapeutically? We, individually, do not believe in this or in any other form of moonshine, but why seek to gag those that do? After all is it not a question of experimentation rather than of faith?

DR. REED, SOUTHAMPTON.—  
We cannot insert your communication.

MR. ALFRED L. MARCHANT.  
—We thank you for your com-

munication, and submit that Dr. Burnett merely drew a comparison, and in no wise meant to enter the domain of theology. This journal has no ecclesiastical bias.

HOMŒOPATHY AT MENTONE.  
—Colleagues may be glad to know that Dr. Alfred Drysdale is now regularly in practice at Mentone, he having obtained a French diploma besides being a medical graduate of London. He resides in the Villa Tramu, Rue Parthonnaux.

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## BOOKS AND JOURNALS RECEIVED.

New England Medical Gazette, Nos. 9, 10.

El Criterio Médico, Madrid, 30 de Setiembre.

British Journal of Homœopathy, Oct. 1, 1883.

The Therapeutic Gazette, No. 10.

A Bird's-eye View of Homœopathy in Great Britain. By Dr. John Moore, Liverpool. The Philanthropist, Nov., 1883.

Dietetic Reformer.

The Guide, November, 1883.

The Calcutta Journal of Medicine, No. 6, Vol. XI.

Manitoba Free Press, Winnipeg, July 5, 1883.

The British Medical Association at Liverpool. By John H. Clarke, M.D.

Physiological Cruelty. By John H. Clarke, M.D.

The Homœopathic Physician, Nov., 1883.

Liverpool Courier, Sept. 14, 1883. [Thanks to sender.]

Allgemeine Homœopatische Zeitung, Nos. 15, 16, 17, 18.

Dublin Journal of Medical Science, August and September, 1883.

Hahnemannian Monthly, Oct., 1883.

Revista Homeopática Catalana.

Medical Counselor, Oct. 1, 6, and 15, 1883.

Chemist and Druggist, Oct. 15, 1883.

National Anti-Compulsory Vaccination Reporter.

Monthly Homœopathic Review.

The Philanthropist, No. 2.

The Herald, Melbourne, Sept. 14, 1883.

United States Medical Investigator, October 13, 1883.

Monthly Magazine of Pharmacy, November, 1883.

New York Medical Times, November.

The American Homœopath, November, 1883.

The St. Louis Clinical Review, October, 1883.

### CORRESPONDENTS.

Communications received from Dr. J. C. Morgan, Philadelphia; Dr. Thomas, Llandudno; Dr. Reed, Southampton; Dr. John Moore, Liverpool; Dr. Ussher, Wandsworth; Dr. F. G. Stanley Wilde, Nottingham; Dr. Skinner, London; George C. Hilbers, Esq., Brighton; Dr. Alfred Drysdale, Mentone; Dr. Har-mar Smith, Ramsgate; Dr. Hawkes, Liverpool; Dr. Cooper, London; Dr. Murray Moore, Auckland, New Zealand; Mr F. E. Boericke, Philadelphia; Dr. Theodore Brochie, St. Charles, Manitoba; Dr. Franz Erwin, Mainz; Ed. Thomas, Esq., Chester; Dr. Berridge, London; Alfred L. Marchant, Esq., Bristol.

### The Homœopathic World.

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The Physiological Effects of Coffee.

Gerhardt on Jaundice.

New Uses of Cactus.

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